

LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009 OF THE CONDITION AND AFFAIRS OF THE

HealthSpring Life & Health Insurance Company, Inc. NAIC Group Code 3477 NAIC Company Code 12902 Employer's ID Number 20-8534298

N	AIC Group Code	3477		y Code <u>12902</u> Employer's I	D Number <u>20-8534298</u>
Organized under the Laws	of	(Current) (Prior) Texas		, State of Domicile or Port of E	ntry <u>Texas</u>
Country of Domicile			United S	states of America	
Incorporated/Organized		02/27/2007		Commenced Business _	02/27/2007
Statutory Home Office	2900 N	Iorth Loop West, Su	uite 1300	j	Houston, TX 77092
-		(Street and Numbe	r)	(C	city or Town, State and Zip Code)
Main Administrative Office			601 N	Mainstream Dr.	
	Nashville , TI	N 37228	(Stree	et and Number)	615-291-7039
	(City or Town, State				Area Code) (Telephone Number)
Mail Address	601	Mainstream Dr.		,	Nashville , TN 37228
		Number or P.O. B	ox)	(C	city or Town, State and Zip Code)
Primary Location of Books	and Records		601 [Mainstream Dr.	
	Nachvilla T	V 27000	(Stree	et and Number)	015 001 7000
	Nashville, Ti (City or Town, State				615-291-7039 Area Code) (Telephone Number)
Internet Website Address			www.h	ealthspring.com	
		Tim Ha			C1E ECE 010E
Statutory Statement Conta		Tim Ho (Nam			615-565-8195 (Area Code) (Telephone Number)
	tim.houston@heal			,	(FAVALUEL CO)
	(E-mail Add	aress)			(FAX Number)
			0	FFICERS	
President, Chairman	&		O	FFICENS	
CE	0			Vice President & Secretary _	
Chief Financial Office	er	Franklin Stewart W	arren	Vice President	Scott Jacobson
				OTHER	01 1 5 0 1 01
Rusty Hailey Preside	t Vice President ent - Pharmaceutical (Operations		Corporate Medical Director Cullough Treasurer	Cleaster Ewing Compliance Officer Lankford Wade Senior Vice President
	rry # Chief Actuary				
			DIRECTOF	RS OR TRUSTEES	
	lichael Mirt tt C. Huebner			Shawn Morris bert L. Dawson	Randy K. Fike
State of	Tennessee		00.		
County of	Davidson		- SS: -		
					porting entity, and that on the reporting period stated above, sor claims thereon, except as herein stated, and that this
					s or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the
					s therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state
					to the best of their information, knowledge and belief,
					ng electronic filing with the NAIC, when required, that is any be requested by various regulators in lieu of or in addition
to the enclosed statement.	•	ic to ciccitoriic iiiii	g) of the cholosed	statement. The electronic ming may	y be requested by various regulators in field of or in addition
Michael	G Mirt		М	ark Tulloch	Franklin Stewart Warren
President, Cha				sident & Secretary	Chief Financial Officer
				a. Is this an original filin	g? Yes [X] No []
Subscribed and sworn to b				b. If no,	
day	/ of			1. State the amendm	ent number

3. Number of pages attached......



				1 2 9 0	9 4 3 0 0		
ANNUAL	. STATEMENT F	FOR THE YEAR	2009 OF THE	HealthSpring Life			
DIRECT BUSINESS	IN THE STATE OF	Alabama			DURING THE	YEAR	2009
NAIC Group Code	3477		LIFE IN	NSURANCE	NAIC Compa	ny Code	12902

	DIDECT DEFAULTS	1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	Ordinary	,	Group	industrial	Total
2.	Annuity considerations					
3.	-		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
7.3	Other		\	····		
7.4	Totals (Sum of Lines 7.1 to 7.3)					
0.	Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		,		*		*				
	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

current year			(a)					
(a) Includes Individual Credit Life	Insurance: ¡	orior year \$		current ye	ear\$	 		
Includes Group Credit Life Ins	urance: Loa	ins less than or eq	jual to 60 month	s at issue, prior	r year \$, CI	urrent year \$ -	
Loans greater than 60 months	at issue Bl	IT NOT GREATE	R THAN 120 M	ONTHS prior v	ear \$	CI	urrent vear \$	

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT AND	HEALIII III 1001	IAIIOL		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes o	r fees 5,665,755	5,665,755		1,980,005	3,416,674
Other Individual Policies:		, ,		, ,	, ,
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 +	25.6) 5,665,755	5,665,755	0	1,980,005	3,416,674



		4		2	2	4	l "	
NAIC Group Code	3477		LIFE	INSURANCE		NAIC Compa	any Code	12902
DIRECT BUSINESS	IN THE STATE OF Alaska	a				DURING TH	E YEAR	2009
ANNUAI	L STATEMENT FOR 1	THE YEAR 2009	OF THE	E HealthSpri	ng Life & Health	Insurance Comp	oany, Ind	٥. ا

		1	2	3	4	5
	DIRECT PREMIUMS	1		3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
-		Ordinary	and individual)	Group	industriai	TOTAL
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Paid in cash or left on deposit					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims					
14	and benefits paid					
	Totals					
10.	DETAILS OF WRITE-INS					
1201	= = =					
1301.						
1303.	0					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary	_	redit Life and Individual)		Group	lr	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	_	CODENI AND	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	261,224	261,224		79,621	137,394
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	261,224	261,224	0	79,621	137,394



ANNUAL STATEMENT FOR	R THE YEAR 2009 OF THE HealthSpri		Insurance Company, Inc	
DIRECT BUSINESS IN THE STATE OF Ariz	zona		DURING THE YEAR	2009
MAIC Croup Code 2477	LIEE INCLIDANCE	=	NAIC Company Code	10000

		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in:	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID		1			
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary	_	Credit Life (Group and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

		CODEIII AIID	11E/LE 111 111001	171101		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	137,351	137,351			59, 172
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	137.351	137.351	0	34.291	59.172



DIRECT BUSINESS IN THE STATE OF Arkansas	EYEAR 2009 OF THE HealthSpring Life & Health Insurance Company, In DURING THE YEAR	
NAIC Group Code 3477	LIFE INSURANCE NAIC Company Code	

	DIDECT DREMILING	1	2 Credit Life (Group	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	Ordinary	and marvidaar)	Стоир	Industrial	Total
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

		,		*		*				
	(Ordinary		Credit Life (Group and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	-	CODEIL AIL	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	183 , 176	183 , 176		50,529	87 , 192
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	183, 176	183, 176	0	50,529	87, 192



		1 2		0 9 4 3 0 (
ANNUAL STATEMENT FOR THE	YEAR 2009 OF	THE HealthSpri	ng Life & Health	Insurance Comp	oany, Inc.	
DIRECT BUSINESS IN THE STATE OF California				DURING TH	E YEAR 2009	
NAIC Group Code 3477	LI	FE INSURANCE	=	NAIC Compa	any Code 12902	
	1	2	3	4	5	

		1	2	3	4	5
	DIRECT PREMIUMS	1		3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
-		Ordinary	and individual)	Group	industriai	TOTAL
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Paid in cash or left on deposit					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims					
14	and benefits paid					
	Totals					
10.	DETAILS OF WRITE-INS					
1201	= = =					
1301.						
1303.	0					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

above)										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year			†		†					
Settled during current year:			†t							
18.1 By payment in full										
18.2 By payment on compromised claims									-	
18.3 Totals paid		·····	·		-					
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements				₽						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			((a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	•	CODEIL AIL	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	2,412,159	2,412,159		851,738	1,469,749
	Other Individual Policies:				·	
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2.412.159	2.412.159	0	851.738	1.469.749



ANNUAL	. STATEMENT F	FOR THE YEA	.R 2009 OF	THE	HealthSpring	Life & Health	Insurance Company, In	C.
DIRECT BUSINESS	IN THE STATE OF	Colorado					DURING THE YEAR	2009
NAIC Group Code	3477		L	IFE IN	ISURANCE		NAIC Company Code	12902

, ., .,	Group Gode GTT				TW NO COMP	arry Code 12002
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.			XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life ir	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	0 (1) 10((
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

•	ACCIDEITI AITD	IILALIII IIIOOI	IAIIOL		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	1,881,863	1,881,863		738,574	1,274,474
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1.881.863	0	738.574	1.274.474

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons

insured under indemnity only products ...0 .



ANNUAL STATEMENT FOR THE	YEAR 2009 OF	THE HealthSpri	ng Life & Health	Insurance Comp	any, Inc.
DIRECT BUSINESS IN THE STATE OF Connecticu	t			DURING TH	E YEAR 2009
NAIC Group Code 3477	L	IFE INSURANCE	E	NAIC Compa	any Code 12902
	1	2	3	4	5
DIRECT PREMIUMS		Credit Life (Group			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total

		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
_	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS	_				
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary	_	redit Life and Individual)		Group	lr	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

		CODEITI AITE	112/12 111 111001	<u> </u>		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1,623,374	1,623,374		723,933	1,249,210
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1.623.374	1.623.374	0	723.933	1,249,210



ANNU	AL STATEMENT F	OR THE	YEAR 2009 OF THE	HealthSpring	Life & Health	Insurance Company, Ir	ıc.
DIRECT BUSINES	SS IN THE STATE OF	Delaware				DURING THE YEAR	2009
NAIC Group Code	3477		LIFE	INSURANCE		NAIC Company Code	12902

	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	•	<i>'</i>	·		
2.	Annuity considerations					
3.	Deposit-type contract funds				XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

		CODEIII AIID	11272111111001	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	358,755	358,755		137,733	237,671
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	358,755	358.755	0	137.733	237.671



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE	Sprii										
DIRECT BUSINESS IN THE STATE OF District of Columbia					DUF	RING	THE	YEA	3	2009)

NAIC	Group Code 3477	ı	LIFE INSURANCE		NAIC Compa	ny Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			<u></u>		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

		,		*		*				
	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial	Total	
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

ACCIDENT AND HEALTH INSURANCE

		CODEIII AIID	11272111111001	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	450 , 168	450, 168		141,688	244,494
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	450, 168	450.168	0	141,688	244.494



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Spring Life & Health Insurance Company, Inc. DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2009

AND ANUTIVE CONSIDERATIONS AND ANUTIVE CONSIDERATIONS 1. Life insurance 2. Annuly considerations 3. Deposit-type contract funds 4. Offer considerations 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENS TO POLICYHOLDERS Life insurance: 6.1. Paid in cash or left on deposit. 6.2. Applied to pay renewal premiums 6.3. Applied to pay renewal premiums 6.4. Organization of Lines 6.1 to 6.4) Annullies: 7.1. Paid in cash or left on deposit. 7.2. Applied to pay renewal premiums 6.3. Totals (Sum of Lines 6.1 to 6.4) Annullies: 7.1. Paid in cash or left on deposit. 7.2. Applied to provide paid-up annulties. 7.3. Other 7.4. Totals (Sum of Lines 6.7 to 1.0 s.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits 10. Maturad endowments. 11. Annult benefits 12. Surrender values and withdrawals for life contracts. 13. Aggraget write-risk or insignations of short and benefits paid. 14. Totals 15. Totals DETAILS OF WRITE-INS 1501. 1502. 1503. 1504. 1505. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 1506. 150	IC Group Code 34//		Group Code 34//		LIFE	NOURA	INCE				Company	
2. A naruly considerations		ONS		•				_		4 Industrial		5 Total
3. Deposit-type contract funds												
4. Other considerations 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS If in insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annutilies: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuties 7.3 Other 7.3 Other 8. Grand Totals (Sum of Lines 7.1 to 7.3) 9. Death benefits. 10. Matured endowments. 11. Annuty benefits. 12. Surrender values and withdrawals for life contracts. 13. Aggregate write-ins for miscellaneous direct claims and benefits paid. 14. All other benefits, except accident and health. 15. Totals DETAILS OF WRITE-INS DETAILS OF WRITE-INS 1030. 1030. 1030. 1030. 1031. 1030. 1031. 1032. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039. 1039	Annuity considerations		Annuity considerations									
5. Totals (Sum of Lines 1 to 4) DIRECT DEATH Portion (Sum of Lines 1 to 4) DIRECT DEATH BETALS OF WRITE-INS DIRECT DEATH BENEFITS AND MATURED BIRCT DEATH BIRCT DEATH BENEFITS AND MATURED BIRCT DEATH BIRCT	,	F	' ''			XXX				XXX		
DIRECT DIVIDENDS TO POLICYHOLDERS file insurance:												
Jei nisurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to pay renewal premiums 6.4 Other 6.4 Other 6.5 Totals (Sum of Lines 5.1 to 6.4) 6.5 Totals (Sum of Lines 5.1 to 6.4) 6.7 A Totals (Sum of Lines 5.1 to 6.4) 6.7 Totals (Sum of Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annully benefits 12. Surender values and withdrawals for life contracts 13. Aggregate write-risk of miscollaneous direct claims and benefits paid 14. Totals (Sum of Lines 7.1 to 7.3) 15. Totals 16. Totals 17. Totals 18. DETAILS OF WRITE-INS 18. DETAILS OF WRITE-INS 18. Summary of Line 13 from overflow page 19. DIRECT DEATH 1 2 3 4 5 6 7 8 9 10. No. of MATURED SUMMERS 10. No. of Line 13 from overflow page 10. Lines 1301 thru 1303 plus 1398) (Line 13 above) 16. Unpaid December 31, prior year 17. Incurred during current year 18. It by payment in full 28. 28 py payment in full 28. 28 py payment on compromise diains 28. Totals settled during current year 28. It by payment in full 28. 28 py payment on compromise diains 28. Totals settled during current year 28. It py payment in full 28. 28 py payment on compromise diains 38. Totals settled experted and the settled settled proper in the settled during current year 38. Totals settled during current year 39. Totals experted 39. Totals experted 30. Tot			,									
6.1 Paid in cash or left on deposit. 6.2 Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4 Other 6.5 Totals (Sum of Lines 5.1 to 6.4) **Invalities:** 7.1 Paid in cash or left on deposit. 7.2 Applied to provide paid-up annutities. 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) **DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits. 10. Matured endowments. 11. Annuity benefits. 12. Surrender values and withdrawals for life contracts. 13. Aggregate write-ins for miscellaneous direct claims and benefits paid. 14. All other benefits, except accident and health. 15. Totals **DETAILS OF WRITE-INS** 301. 302. 303. 303. 303. 3039. Summary of Line 13 from overflow page. 304. 305. 307. 308. Summary of Line 13 from overflow page. 309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount Certifs. Amount No. Amount No. Patients of the payment on compromised claims. 18. By payment in full. 28. By payment in full. 28. By payment in full. 28. By payment on compromise e. 38. For an application of the payment on compromised claims. 39. Totals seltide extension. 30. Totals claims. 30. Totals claims. 30. Totals paid of the payment on compromised claims. 40. Folicies. 40. Folicies. 40. Folicies. 50. Folicies.)LDERS										
6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) **Numutiles: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annutites 7.3 Other 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8 Grand Totals (Lines 6.5) bits 7.4) **DIRECT CLAIMS AND BENEFITS PAID 9. Dealth benefits 9. Dealth benefits 1.1 Annutly benefits 1.2 Surender values and withdrawals for life contracts 1.2 Surender values and withdrawals for life contracts 1.3 Apgregate write-ins for miscellaneous direct claims and benefits paid 1.4 All other benefits, except accident and health 1.5 Totals **DETAILS OF WRITE-INS 301. 302. 303. 303. 304. 307. 308. Summary of Line 13 from overflow page 309. Totals (Lines 130) thru 1303 plus 1398) (Line 13 above) **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS IN DETAILS (Group and Individual) Group **Individual Group Industrial **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS IN DETAILS (Group and Individual) Group **Individual Group Industrial **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS IN DETAILS (Group and Individual) Group **Individual Group Industrial **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS IN DETAILS (Group and Individual) Group **Individual Group Industrial **Out of the Individual Group Industrial												
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period. 6.4 Other 6.5 Totals (Sum of Lines 5.1 to 6.4)	· · · · · · · · · · · · · · · · · · ·											
6.4 Other												
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuluse: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annulties 7.3 Other 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 11. Annulty benefits 11. Annulty benefits 12. Surrender values and withdrawals for life contracts. 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301. 1302. 1303. 1303. 1304. 1399. Summary of Line 13 from overflow page 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 DIRECT DEATH BENEFITS AND BENEFITS AN												
6.5 Totals (Sum of Lines 6.1 to 6.4). Annutiles: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annutiles 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 pits 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annutly benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301. 1302. 1308. Summary of Line 13 from overflow page 1399. Totals (Lines 1301 thru 1303 pitus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount 1												
Annulities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annulities 7.3 Other 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 11. Annulity benefits 11. Annulity benefits 12. Surrender values and withdrawals for life contracts. 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 301. 302. 303. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3030. 3												
7.2 Applied to provide paid-up annuities	•	_	,	_		_	_		_			
7.2 Applied to provide paid-up annuities									•			
7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 11. Annuity benefits 12. Surrender values and withdrawals for life contracts. 13. Aggregate write-ins for miscellaneous direct claims and benefits paid. 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 301. 302. 303. 303. 309. Summary of Line 13 from overflow page 399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND BENEFITS AND No. Amount Ordinary Gerup Industrial Ordinary Gerup Amount No. Ordinary Settle during current year Settled during current year: Settled d												
Section Continue												
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts. 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of Line 13 from overflow page	'.4 Totals (Sum of Lines 7.1 to 7		Totals (Sum of Lines 7.1				\					
9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of Line 13 from overflow page 399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount Certifs: Amount No. Amo	Grand Totals (Lines 6.5 plus		Grand Totals (Lines 6.5 p	Y			7	L				
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11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 301. 302. 303. 399. Summary of Line 13 from overflow page 399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount Certifs. Amount No. Am	Death benefits		Death benefits									
12. Surrender values and withdrawals for life contracts												
13. Aggregate write-ins for miscellaneous direct claims and benefits paid. 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of Line 13 from overflow page. 399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED INCURRED Ordinary Ordinary (Group and Individual) Ind Pols. & Group Industrial Ordinary (Group and Individual) Ordinary (Group and Individual) Ind Pols. & Group Industrial Ordinary Ordinary Ordinary (Group and Individual) Ordinary (Group and Individual) Ordinary (Group and Individual) Ordinary Ordinary (Group and Individual) Ordinary Ordinary	•		•									
and benefits paid 4. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 301. 302. 303. 303. 309. Summary of Line 13 from overflow page 399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount 6. Unpaid December 31, prior year 7. Incurred during current year: 8.1 By payment in full 8.2 By payment in full 8.2 By payment in full 8.3 Found in rejected. 8.6 Total settlements 9. Unpaid Dec. 31, current year (B. 5 Total settlements 9. Unpaid Dec. 31, current year (B. 6 Total settlements 9. Unpaid Dec. 31, current year (B. 6 Total settlements 9. Unpaid Dec. 31, current year (B. 6 Total settlements 9. Unpaid Dec. 31, current year (B. 6 Total settlements 9. Unpaid Dec. 31, current year (B. 6 Total settlements 9. Unpaid Dec. 31, current year (B. 6 Total settlements 9. Unpaid Dec. 31, current year (B. 7 Pollicies)												
14. All other benefits, except accident and health DETAILS OF WRITE-INS 301. 302. 303. 308. Summary of Line 13 from overflow page												
15. Totals DETAILS OF WRITE-INS 301. 302. 303. 309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED INCURRED No. Amount Settled during current year Settled during current year Settled during current year Settled during current year 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 9. Unpaid Dec. 31, current year Settled during current year No. of Policies										+		
DETAILS OF WRITE-INS	, ,	aiii	, ·									
301.										-		
302.												
1398. Summary of Line 13 from overflow page	302.		·· 2.							†		
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount Certifs. Amount No. Amou	003.		 3.							†		
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount Certifs. Amount No. Amou	998. Summary of Line 13 from ou		3. Summary of Line 13 from									
Above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount No										<u> </u>		
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 1.												
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount Certifs. Amount No. Amount No. 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior				Cre	edit Life			1				
BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount Certifs. Amount No. of Ind.Pols. & Gr. Certifs. Amount No. of Certifs. Amount No. Amount No												Total
MATURED ENDOWMENTS INCURRED No. Amount Amount No. of Certifs. Amount No. o		2		-	4	5		6	7	8	9	10
ENDOWMENTS INCURRED No. Amount Certifs. Amount No. Amo												
INCURRED No. Amount Certifs. Amount Certifs. Amount No. Amount No. 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior						No. of						
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full	INCURRED	Amount	INCURRED		Amount		Am	ount	No.	Amount	No.	Amount
17. Incurred during current year Settled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior	·											
Settled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior						}}						
8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior												-
8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 9. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior												
compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior						 						-
8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior												
8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 9. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior		_		_					_			
8.5 Amount rejected 8.6 Total settlements 9. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior			•						•			
8.6 Total settlements												
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior	, , , , , , , , , , , , , , , , , , , ,		•									
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior						7						
POLICY EXHIBIT 20. In force December 31, prior				1			V					
20. In force December 31, prior	T	- 1							- [
						Policies						
year	, i		· · ·	/_	\							
21. Issued during year				(a)							
22. Other changes to in force												
(Net)												
23. In force December 31 of	3. In force December 31 of		In force December 31 of			I		Ţ	Ţ			
current year (a)				(a)							
ı) Includes Individual Credit Life Insurance: prior year \$current year \$	Includes Individual Credit Life Ins	year \$	cludes Individual Credit Life		current	year \$						
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$	Includes Group Credit Life Insura	ess than or equ	cludes Group Credit Life Ins	qual to 60 mo	nths at issue, pri	or year \$, cu	rrent year \$		

		Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)					
	Federal Employees Health Benefits Program premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	524,749	524,749		172,964	298,464
	Other Individual Policies:					
25.1	Non-cancelable (b)					
	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					

298,464

25.4 Other accident only ... 25.5 All other (b)

25.6 Totals (Sum of Lines 25.1 to 25.5)



	Group Code 3477	SIAIL	n Georgia		LIF	E INSUR	ANCE				Code 12902
	areap code on				1	2		3	4	Company	5
		PREMIUMS		Oud	inom.	Credit Life (C		Craun	laduatria		Total
1.	AND ANNUITY C				nary	and Individ		Group	Industria		Total
2.	Annuity considerations										
3.	Deposit-type contract fund		ſ			XXX					
4.	Other considerations		ſ								
5.	Totals (Sum of Lines 1 to	4)									
	DIRECT DIVIDENDS	TO POLIC	YHOLDERS								
	nsurance:										
6.1	Paid in cash or left on dep										
	Applied to pay renewal pre										
0.3	Applied to provide paid-up endowment or premiu										
6.4	Other										
6.5	Totals (Sum of Lines 6.1 to	o 6.4)									
Annu	ities:										
7.1				\							
7.2							····				
7.3	Other						···				
7.4	Totals (Sum of Lines 7.1 to	,		\		<i>_</i>					
8.	Grand Totals (Lines 6.5 pl		FITO DAID								
9.	Death benefits		-								
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and with										
	Aggregate write-ins for mis										
	and benefits paid										
14.	All other benefits, except a	accident an	d health								
15.	Totals										
1201	DETAILS OF WRITE-INS										
1301.	·										
1303	·										
1398	. Summary of Line 13 from	overflow pa									
	. Totals (Lines 1301 thru 13		-								
	above)		, (
		1		(Credit Life			1		1	
		(Ordinary		and Individua	al)	Group		Industrial		Total
	DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
	BENEFITS AND MATURED			No. of Ind.Pols.							
	ENDOWMENTS			& Gr.		No. of					
	INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
	Jnpaid December 31, prior										
17 li	yearncurred during current year						-				
	Settled during current year:										
	By payment in full						1				
18.2 E	By payment on										
	compromised claims	ļ	-	-					ł		-
	Fotals paid					<u> </u>					
	Reduction by compromise	ł	·	\		7 17					
	Amount rejected Fotal settlements	†	·			7 1 1			 		
	Jnpaid Dec. 31, current			1		-1 +1					
	year (16+17-18.6)	<u> </u>					NL				

POLICY EXHIBIT20. In force December 31, prior

ACCIDENT AND HEALTH INSURANCE

						_
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
	Medicare Title XVIII exempt from state taxes or fees	429,518	429,518		138,325	238,693
	Other Individual Policies:	ŕ			,	,
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
	Totals (Sum of Lines 25.1 to 25.5)	0	0	L0	0	
	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	429 518	429 518	0	138 325	238 693



DIRECT BUSINE	SS IN	THE STATE OF	Hawaii							DURING TH	E YEAR	2009
NAIC Group Cod	e 3	477			LI	IFE IN	ISURANC	E		NAIC Compa	ny Code	1290
							_		_			_

		1	2	3	4	5
	DIRECT PREMIUMS	1		3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
-		Ordinary	and individual)	Group	industriai	TOTAL
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Paid in cash or left on deposit					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims					
14	and benefits paid					
	Totals					
10.	DETAILS OF WRITE-INS					
1201	= = =					
1301.						
1303.	0					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary	_	redit Life and Individual)		Group	lr	ndustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$.., current year \$

ACCIDENT AND HEALTH INSURANCE

	-	CCIDEIII AIID	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1, 177, 162	1, 177, 162		480,594	829,308
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1, 177, 162	1, 177, 162	0	480,594	829,308



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Spring Life & Health Insurance Company, Inc. DIRECT BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2009

IAIC Group Code 3477					INSUR	MOL			Company	Code 1290
DIRECT P AND ANNUITY CO		-			2 Credit Life (G and Individu		3 Group	4 Industria		5 Total
Life insurance			Olu		and maividu	ai)	Group	industria		TOTAL
Annuity considerations										
 Deposit-type contract funds 					XXX			XXX		
4. Other considerations										
5. Totals (Sum of Lines 1 to 4	1)									
DIRECT DIVIDENDS	TO POLIC	YHOLDERS								
ife insurance:										
6.1 Paid in cash or left on depo										
6.2 Applied to pay renewal pres										
6.3 Applied to provide paid-up endowment or premiur										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to	6.4)									
Annuities:										
7.1 Paid in cash or left on depo										
7.2 Applied to provide paid-up			\							
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to					/ -					
8. Grand Totals (Lines 6.5 plu DIRECT CLAIMS AN		EITE DAID								
DIRECT CLAIMS AT Death benefits										
Matured endowments										
11. Annuity benefits										
12. Surrender values and without										
13. Aggregate write-ins for mis	cellaneous	s direct claims								
and benefits paid										
14. All other benefits, except ac	ccident and	d health								
15. Totals DETAILS OF WRITE-INS										
1301										
1302.										
1303.										
1398. Summary of Line 13 from o										
1399. Totals (Lines 1301 thru 130	03 plus 139	98) (Line 13								
above)										
		Ordinary		Credit Life p and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND	ì		No. of			ì				
_			Ind.Pols.			ì				
MATURED	.!									
MATURED ENDOWMENTS	No	Amount	& Gr.	Amount	No. of Certifs	Amount	No	Amount	No	Amount
MATURED ENDOWMENTS INCURRED	No.	Amount		Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 8.1 By payment in full	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year. 17. Incurred during current year: 8.1 By payment in full. 8.2 By payment on compromised claims	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year. 17. Incurred during current year: 8.1 By payment in full. 8.2 By payment on compromised claims	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 8.1 By payment in full 8.2 By payment on compromised claims compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 6. Unpaid December 31, prior year	No.	Amount	& Gr.	Amount		Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	Amount	& Gr.		Certifs. No. of	Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year	No.	Amount	& Gr.	Amount	Certifs. No. of	Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year	No.	Amount	& Gr.		Certifs. No. of	Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 8.1 By payment in full	No.	Amount	& Gr.		Certifs. No. of	Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of	No.	Amount	& Gr.	(a)	Certifs. No. of	Amount	No.	Amount	No.	Amount
MATURED ENDOWMENTS INCURRED 6. Unpaid December 31, prior year 7. Incurred during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 9. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 10. In force December 31, prior year 11. Issued during year 12. Other changes to in force (Net)			& Gr. Certifs.		No. of Policies	Amount	No.	Amount	No.	Amount

ACCIDENT AND HEALTH INSURANCE

<u>, </u>	COURTIN AND	HEALIII IIIOOI	171101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	708,659	708,659		279, 119	481,644
Other Individual Policies:	,	,		,	
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	708.659	708.659	0	279.119	481.644



DIRECT BUSINESS IN THE STATE OF Illinois

NAIC	Group Code 3477				LIFE	INSURA	ANCE			NAIC (Company	Code 12902
	DIRECT F	PREMIUMS		1 Ordin		2 redit Life (G and Individu		Gro	3	4 Industrial		5 Total
1.	Life insurance			Ordin	ary c	and maividu	iai)	GIC	oup	industrial		TUIAI
2.	Annuity considerations											
3.	Deposit-type contract fund					XXX				XXX		
4.	Other considerations											
5.	Totals (Sum of Lines 1 to											
	DIRECT DIVIDENDS		YHOLDERS									
Life in	surance:											
6.1	Paid in cash or left on dep	osit										
6.2	Applied to pay renewal pre	miums										
6.3	Applied to provide paid-up endowment or premiu											
6.4	Other											
6.5	Totals (Sum of Lines 6.1 to	o 6.4)										
Annui												
7.1	Paid in cash or left on dep											
7.2	Applied to provide paid-up											
7.3	Other						\I		-			
7.4	Totals (Sum of Lines 7.1 to	,				<u>'</u>						
8.	Grand Totals (Lines 6.5 pl											
_	DIRECT CLAIMS A				_							
9.	Death benefits											
10.	Matured endowments											
	Annuity benefits											
12.	Surrender values and with											
13.	Aggregate write-ins for mis and benefits paid											
14.	All other benefits, except a											
	Totals											
	DETAILS OF WRITE-INS											
1301.												
1302.	·											
1303.												
	Summary of Line 13 from											
1399.	Totals (Lines 1301 thru 13	03 plus 139	98) (Line 13									
	above)											
				Cı	edit Life							
		(Ordinary		and Individual)		Group			ndustrial		Total
	DIRECT DEATH	1	2	. 3	4	5	6		7	8	9	10
	BENEFITS AND MATURED			No. of								
	ENDOWMENTS			Ind.Pols. & Gr.		No. of						
	INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amoi	unt	No.	Amount	No.	Amount
16. L	Inpaid December 31, prior											
	year										 	
	ncurred during current year											
	Settled during current year:											
	By payment in full By payment on											
	sy payment on compromised claims											
	otals paid											
	Reduction by compromise											
	mount rejected											
	otal settlements											
	Inpaid Dec. 31, current											
	year (16+17-18.6)											
			_			No. of						
00 .	POLICY EXHIBIT					Policies						
	n force December 31, prior year			/.	a)							
	ssued during year			(٠							
22. C	Other changes to in force (Net)											
23. Ir	n force December 31 of current year			(:	a)							
	ludes Individual Credit Life I	nsurance: r	orior vear \$	•	curren	t vear \$						

ACCIDENT AND HEALTH INSURANCE

....., current year \$

.., current year \$

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

	CODEITI AILD	IILALIII IIIOOI	171101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	11,391,895	11,391,895		4,608,301	7,952,032
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11.391.895	11.391.895	0	4.608.301	7.952.032



DIRE	CT BUSINESS IN THE STATE OF Indiana				DURING TH	E YEAR 2009
NAIC	Group Code 3477		LIFE INSURANCE		NAIC Compa	any Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	, , , , , , , , , , , , , , , , , , , ,					
Annu						
7.1	Paid in cash or left on deposit				-	
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)				-	
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301						
1302	:					

above)										
	C	Ordinary	Credit Life (Group and Individual)			Group		ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year		Amount	Certiis.	Amount	Certiis.	Amount	110.	Amount	110.	Amount
Incurred during current year Settled during current year: 18.1 By payment in full									-	
18.2 By payment on compromised claims									-	
18.4 Reduction by compromise										
18.6 Total settlements 19. Unpaid Dec. 31, current				()						
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year		•		(a)	No. of Policies					
Issued during year Other changes to in force (Net)				(a)						
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	•	CODEIL AIL	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	2,432,031	2,432,031		979,912	1,690,925
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,432,031	2.432.031	0	979.912	1.690.925

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products0 .

1303.

1398. Summary of Line 13 from overflow page



DIRE	CT BUSINESS IN THE STATE OF Iowa				DURING TH	E YEAR 2009
NAIC	Group Code 3477		LIFE INSURANCE		NAIC Compa	any Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	endowment or premium-paying period					
6.4	Other					
6.5	(,					
Annu						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.						
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					

14. 15.

1301. 1302. 1303. Totals

DETAILS OF WRITE-INS

1398. Summary of Line 13 from overflow page

	C	Ordinary	Credit Life (Group and Individual)			Group		ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year					†				-	
Settled during current year:					T					
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid			_							
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
					No. of					
POLICY EXHIBIT 20. In force December 31, prior				(0)	Policies					
year21. Issued during year				(a)	· · · · · · · · · · · · · · · · · · ·					
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance: prior year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	TOOIDEITI AITD		171101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	1.428.893	1,428,893		573.391	989.437
Other Individual Policies:	, ,,,,,	, ,,,,,		, , , ,	,
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1.428.893	1.428.893	0	573.391	989.437



ANNUAL STATEMENT FOR	THE YEAR 2009 OF			Insurance Comp		
DIRECT BUSINESS IN THE STATE OF Kans	sas			DURING TH	E YEAR 2	2009
NAIC Group Code 3477	L	IFE INSURANCE	E	NAIC Compa	any Code	12902
		•	•			

	·	1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group	_		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuit	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					
	above)					

	(Ordinary	_	redit Life and Individual)		Group	lr	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	ACCIDEITI AITD	IILALIII IIIOOI	IAIIOL		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	1,226,285	1,226,285		443,610	765.489
Other Individual Policies:	, ,	, ,		,	,
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,226,285	1,226,285	0	443,610	765.489



ANNUAL	. STATEMENT F	OR THE YEAR 2009	OF THE	HealthSpring	Life & Health	Insurance Company, In	C.
DIRECT BUSINESS	IN THE STATE OF	Kentucky				DURING THE YEAR	2009
NAIC Group Code	3477		LIFE II	NSURANCE		NAIC Company Code	1290

	DIDECT DEFAULTS	1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	Ordinary	,	Group	industrial	Total
2.	Annuity considerations					
3.	-		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
7.3	Other		\	····		
7.4	Totals (Sum of Lines 7.1 to 7.3)					
0.	Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	-	CODENI AND	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	2, 117, 743	2, 117, 743		744,675	1,285,003
	Other Individual Policies:				·	
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,117,743	2,117,743	0	744,675	1,285,003



DIRECT BUSINESS IN TH		OF Louisiana			- INIONIA					YEAR 2009
NAIC Group Code 3477	<u> </u>				E INSUR	ANCE				ny Code 12902
DIREC AND ANNUIT	T PREMIUM:		1 Ordir		2 Credit Life (G and Individu		3 Group	In	4 ndustrial	5 Total
Life insurance				1						
2. Annuity considerations										
Deposit-type contract for	unds				XXX				XXX	
4. Other considerations										
5. Totals (Sum of Lines 1	to 4)									
DIRECT DIVIDENI	S TO POLIC	CYHOLDERS								
Life insurance:										
6.1 Paid in cash or left on o	deposit									
6.2 Applied to pay renewal	premiums									
6.3 Applied to provide paid endowment or prer										
6.4 Other										
6.5 Totals (Sum of Lines 6.	1 to 6.4)									
Annuities:										
7.1 Paid in cash or left on o	•									
7.2 Applied to provide paid			1							
7.3 Other					8-B-7	\				
7.4 Totals (Sum of Lines 7.	,				7					
8. Grand Totals (Lines 6.5	<u> </u>									
DIRECT CLAIMS 9. Death benefits	_	-								
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and v										
13. Aggregate write-ins for										
and benefits paid										
All other benefits, exce	pt accident ar	nd health								
15. Totals										
DETAILS OF WRITE-I	NS									
1301										
1302.										
1303										
1398. Summary of Line 13 fro										
1399. Totals (Lines 1301 thru	1303 plus 13	398) (Line 13								
above)										
				redit Life	1		1			
		Ordinary		and Individual)	Group		Industrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	. 8	9	10
BENEFITS AND			No. of							
MATURED ENDOWMENTS			Ind.Pols.		N f					
INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amou	unt No	o. Amou	unt No.	Amount
16. Unpaid December 31, pri		Amount	Ociuis.	Amount	Geruis.	AIIIOL	ant INC	J. AIIIO	JIIL INO.	Amount
year										
17. Incurred during current ye	ar									
Settled during current year	ır:									
18.1 By payment in full										
40.0 D	1				1	1		1		

ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year			-							
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.3 Totals paid		·····	•							
18.4 Reduction by compromise										
18.5 Amount rejected							<u></u>			
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)			V		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					
		_			No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of				(0)						

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT AI	ID IILALIII IIIOO	17110=		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Progra	ım				
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxe	es or fees5,966,5	325,966,532		2,321,959	4,006,746
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		.00	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.	4 + 25.6) 5.966.5	32 5.966.532	0	2.321.959	4.006.746



DIRECT BUSINESS IN THE			,				a i ioan	DURIN	•	EAR 2009
NAIC Group Code 3477				LIFE	NSUR	ANCE		NAIC	Company	Code 12902
DIRECT AND ANNUITY	PREMIUMS				2 edit Life (G nd Individu		3 roup	4 Industrial		5 Total
Life insurance					ia iriaiviai	·	ТОПР			iotai
Annuity considerations										
Deposit-type contract fun					XXX					
Other considerations										
5. Totals (Sum of Lines 1 to										
DIRECT DIVIDENDS	TO POLIC	YHOLDERS								
Life insurance:										
6.1 Paid in cash or left on de	osit									
6.2 Applied to pay renewal pr	emiums									
6.3 Applied to provide paid-u endowment or premi	additions	or shorten the								
6.4 Other										
6.5 Totals (Sum of Lines 6.1	to 6.4)									
Annuities:										
7.1 Paid in cash or left on de	osit	·····	\							
7.2 Applied to provide paid-u										
7.3 Other						\				
7.4 Totals (Sum of Lines 7.1						\				
8. Grand Totals (Lines 6.5 p										
9. Death benefits		-								
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and wit	ndrawals for	r life contracts								
Aggregate write-ins for m and benefits paid										
All other benefits, except	accident an	d health								
15. Totals										
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from		_								
1399. Totals (Lines 1301 thru 1 above)	303 plus 13	98) (Line 13								
		Ordinary		Credit Life		Craun		la di catri a l		Total
DIRECT DEATH	1	Ordinary 2	(Group	and Individual)	5	Group 6	7	Industrial 8	9	Total 10
BENEFITS AND	'		No. of	4	3	0	, ,	0	9	10
MATURED			Ind.Pols.				1			
ENDOWMENTS			& Gr.		No. of					
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior	1	1		1	1	1	1	1	1	1

				Credit Life						
	(Ordinary	(Group and Individual)			Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED			No. of							
ENDOWMENTS			Ind.Pols. & Gr.		No. of					
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full							<u> </u>			
18.2 By payment on compromised claims										
18.3 Totals paid		-								
18.4 Reduction by compromise										
18.5 Amount rejected							<u> </u>			
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior				(2)	Folicies					
year21. Issued during year				(α)	İ					
22. Other changes to in force (Net)										
23. In force December 31 of				(a)						

ACCIDENT AND HEALTH INSURANCE

	•	CODEIL AID	AL			
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	639,647	639,647		166,792	287,814
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	639.647	639.647	0	166.792	287.814



NAIC Group Code 3477	017112	or maryiana		LIFE	INSUR	ANCE				Code 12902
Turno Group Gode G477				1	2		3	4	Company	5
	PREMIUM		Oud		redit Life (G		Craun	la di satri a		Total
1. Life insurance					and Individu		Group	Industria		Total
Annuity considerations										
Deposit-type contract fun					XXX					
Other considerations										
5. Totals (Sum of Lines 1 to	4)									
DIRECT DIVIDENDS	TO POLIC	CYHOLDERS								
Life insurance:										
6.1 Paid in cash or left on de										
6.2 Applied to pay renewal pr										
6.3 Applied to provide paid-u endowment or premi	um-paying ¡	period								
6.5 Totals (Sum of Lines 6.1										
Annuities:	10 0.4)	_	_							
7.1 Paid in cash or left on de	posit									
7.2 Applied to provide paid-u	p annuities									
7.3 Other										
7.4 Totals (Sum of Lines 7.1	,									
8. Grand Totals (Lines 6.5 p										
DIRECT CLAIMS		-								
9. Death benefits										
10. Matured endowments										
11. Annuity benefits 12. Surrender values and wit										
Surrender values and with Aggregate write-ins for m										
and benefits paid										
14. All other benefits, except										
15. Totals										
DETAILS OF WRITE-INS										
1301.										
1302.										
1303 1398. Summary of Line 13 from										
1399. Totals (Lines 1301 thru 1	•	•								
above)	000 p.d0 .0	(26 16								
	1		1 .	Credit Life						
		Ordinary		and Individual)		Group		ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED ENDOWMENTS			Ind.Pols. & Gr.		No. of					
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year17. Incurred during current year		-		 					-	-
Settled during current year:		-	+	·						
18.1 By payment in full										
18.2 By payment on		-								
compromised claims		-		-						-
18.3 Totals paid										
18.4 Reduction by compromise			\		\-\ \					
18.5 Amount rejected				 			<u></u>		-	
19. Unpaid Dec. 31, current		-	1		∤⊹ ┠┈₹					
year (16+17-18.6)					′ 	N L				
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior				(0)						
year21. Issued during year		-		.(a)						
1				•					·	

ACCIDENT AND HEALTH INSURANCE

		COURTIN AND	HEALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Poli	cies (b)					
24.1 Federal En	nployees Health Benefits Program					
premium	(b)					
24.2 Credit (Gro	oup and Individual)					
24.3 Collectively	Renewable Policies (b)					
24.4 Medicare T	itle XVIII exempt from state taxes or fees	1,895,312	1,895,312		654,081	1, 128, 674
Other Indiv	ridual Policies:					
25.1 Non-cance	lable (b)					
25.2 Guarantee	d renewable (b)					
25.3 Non-renew	rable for stated reasons only (b)					
25.4 Other accid	dent only					
25.5 All other (b)					
	m of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Line	es 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1.895.312	1.895.312	0	654.081	1.128.674



									9								0
ANNUAL STATEMENT FOR THE YEAR 2009 OF THE	Health:	Spr	ing	Life	&	He	alth	ı In	sur	anc	e (Com	ıpa	ny,	Inc		
DIRECT BUSINESS IN THE STATE OF Massachusetts										DU	RIN	IG TI	HF \	YFAI	R 2	2009	9

NAIC	Group Code 3477		LIFE INSURANCE	NAIC Company Code 12902			
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance						
2.	Annuity considerations						
3.	Deposit-type contract funds		XXX		XXX	,	
4.	Other considerations						
5.	Totals (Sum of Lines 1 to 4)						
	DIRECT DIVIDENDS TO POLICYHOLDERS						
Life in	surance:						
6.1	Paid in cash or left on deposit						
6.2	Applied to pay renewal premiums						
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4	Other						
6.5	Totals (Sum of Lines 6.1 to 6.4)						
Annui							
7.2	Applied to provide paid-up annuities						
7.3	Other						
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)						
	DIRECT CLAIMS AND BENEFITS PAID			-			
9.	Death benefits						
10.	Matured endowments						
11.	Annuity benefits						
12.	Surrender values and withdrawals for life contracts						
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid						
14.	All other benefits, except accident and health						
15.	Totals						
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.							
1398.							
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13						

						l .				
	(Ordinary		redit Life and Individual)		Group	lı	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full									-	
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-	
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L				
In force December 31, prior year Issued during year Other changes to in force				a)						
(Net)				a)					-	

ACCIDENT AND HEALTH INSURANCE

•	TOOIDEITI AITD	112/12/11/11/00/	<u>.</u>	, ,	
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	4,612,533	4,612,533		1,769,114	3,052,763
Other Individual Policies:	, ,	, ,		, ,	, ,
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4.612.533	4.612.533	0	1.769.114	3.052.763



ANNUAL STATEMENT FOR THE	1 EAN 2009 OF	тпс пеаннорн	ng Life & nealth	insurance Comp	dany, inc.
DIRECT BUSINESS IN THE STATE OF Michigan			DURING TH	E YEAR 2009	
NAIC Group Code 3477	L	IFE INSURANCE	NAIC Company Code 1290		
	1	2	3	4	5
DIRECT PREMIUMS		Credit Life (Group			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance					
2. Annuity considerations					
Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					

2.	Annuity considerations				
3.	Deposit-type contract funds		XXX	XXX	
4.	Other considerations				
5.	Totals (Sum of Lines 1 to 4)				
	DIRECT DIVIDENDS TO POLICYHOLDERS				
Life in	surance:				
6.1	Paid in cash or left on deposit				
6.2	Applied to pay renewal premiums				
	Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4	Other				
6.5	Totals (Sum of Lines 6.1 to 6.4)				
Annui					
7.1	Paid in cash or left on deposit				
7.2	Applied to provide paid-up annuities				
7.3	Other				
7.4	Totals (Sum of Lines 7.1 to 7.3)				
8.	Grand Totals (Lines 6.5 plus 7.4)				
	DIRECT CLAIMS AND BENEFITS PAID				
9.	Death benefits				
10.	Matured endowments				
11.	Annuity benefits				
12.	Surrender values and withdrawals for life contracts				
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid				
14.	All other benefits, except accident and health				
15.	Totals				
	DETAILS OF WRITE-INS				
1301.					
1302.					
1303.					
1398.	Summary of Line 13 from overflow page				
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				
		0 1913	+	<u> </u>	

	(Ordinary	_	redit Life and Individual)		Group	Ir	Industrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	•	CODEIII AIID	AL			
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	5,253,358	5,253,358		1,996,823	3,445,695
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,253,358	5.253.358	0	1.996.823	3.445.695

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products ...0 .

24.MI



ANNU	AL STATEMENT FOR THE	YEAR 2009 OF THE HealthSpring Life & Health Insurance Comp	any, in	C.
DIRECT BUSINES	S IN THE STATE OF Minnesota	DURING TH	E YEAR	2009
NAIC Group Code	3477	LIFE INSURANCE NAIC Compa	any Code	12902

		1	2	3	4	5
	DIRECT PREMIUMS	0 "	Credit Life (Group			.
1	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary	and Individual)	Group	Industrial	Total
• • •	Annuity considerations					
2.	•					
3.	Deposit-type contract funds		XXX		XXX	<u> </u>
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
-	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					ļ
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts				ļ	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health				l l	
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						ļ
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13				ļ	

				*		*				
	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

current year			(a)					
(a) Includes Individual Credit Life	Insurance: ¡	orior year \$		current ye	ear\$	 		
Includes Group Credit Life Ins	urance: Loa	ins less than or eq	jual to 60 month	s at issue, prior	r year \$, CI	urrent year \$ -	
Loans greater than 60 months	at issue Bl	IT NOT GREATE	R THAN 120 M	ONTHS prior v	ear \$	CI	urrent vear \$	

ACCIDENT AND HEALTH INSURANCE

	AUDIDENT AND	HEALIII IIIOOI	ACCIDENT AND HEALTH INCOMANCE											
	1	2	3	4	5									
			Dividends Paid Or											
		Direct Premiums	Credited On Direct		Direct Losses									
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred									
24. Group Policies (b)														
24.1 Federal Employees Health Benefits Program														
premium (b)														
24.2 Credit (Group and Individual)														
24.3 Collectively Renewable Policies (b)														
24.4 Medicare Title XVIII exempt from state taxes or fees	1,762,405	1,762,405		766,500	1,322,663									
Other Individual Policies:				·										
25.1 Non-cancelable (b)														
25.2 Guaranteed renewable (b)														
25.3 Non-renewable for stated reasons only (b)														
25.4 Other accident only	-													
25.5 All other (b)														
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0										
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1.762.405	1.762.405	0	766.500	1.322.663									



		1 2	9 0 2 2 0	0 9 4 3 0 2	2 5 0 0 0
ANNUAL STATEMENT FOR THE	YEAR 2009 OF	THE HealthSpri	ng Life & Health	Insurance Comp	oany, Inc.
DIRECT BUSINESS IN THE STATE OF Mississippi				DURING TH	E YEAR 2009
NAIC Group Code 3477	L	IFE INSURANCE	.	NAIC Compa	any Code 12902
	1	2	3	4	5
DIRECT PREMIUMS	Ordinary	Credit Life (Group	Group	Industrial	Total

,	aroup code cirr				TW IIO Comp	any 0000 12002
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			<u></u>		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary	_	redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCOMANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Program											
premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees	4.750.354	4.750.354		1,704,681	2.941.579						
Other Individual Policies:	, ,	, ,		, ,	, ,						
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		4.750.354	0	1.704.681	2.941.579						



		0 9 4 3 0 2 6 0 0 0
ANNUAL STATEMENT FOR TH	E YEAR 2009 OF THE HealthSpring Life & Healt	h Insurance Company, Inc.
DIRECT BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2009
NAIC Group Code 3477	LIFE INSURANCE	NAIC Company Code 12902

		1	2	3	4	5
	DIRECT PREMIUMS	1		3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
-		Ordinary	and individual)	Group	industriai	TOTAL
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Paid in cash or left on deposit					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims					
14	and benefits paid					
	Totals					
10.	DETAILS OF WRITE-INS					
1201	= = =					
1301.						
1303.	0					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary	_	redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year									-	
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					N				-	
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies					
21. Issued during year				·/						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSCHANCE											
		1	2	3	4	5					
				Dividends Paid Or							
			Direct Premiums	Credited On Direct		Direct Losses					
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24.	Group Policies (b)										
24.1	Federal Employees Health Benefits Program										
	premium (b)										
24.2	Credit (Group and Individual)										
24.3	Collectively Renewable Policies (b)										
24.4	Medicare Title XVIII exempt from state taxes or fees	3,503,909	3,503,909		1,350,893	2,331,086					
	Other Individual Policies:										
25.1	Non-cancelable (b)										
25.2	Guaranteed renewable (b)										
25.3	Non-renewable for stated reasons only (b)										
25.4	Other accident only										
25.5	All other (b)										
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,503,909	3,503,909	0	1,350,893	2,331,086					



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Spring Life & Health Insurance Company, Inc. DIRECT BUSINESS IN THE STATE OF Montana DURING THE YEAR 2009

NAIC	Group Code 34//					LE INOUR	ANCE				Company	
	AND ANNUITY C		ATIONS		1 linary	2 Credit Life (G and Individu			3 roup	4 Industria	ıl	5 Total
1.	Life insurance											
2.	Annuity considerations											
3.	Deposit-type contract fund					XXX				XXX		
4. 5.	Other considerations Totals (Sum of Lines 1 to											
J.	DIRECT DIVIDENDS	,	VHOLDERS									
l ife in	surance:	TO FOLIO	IIIOLDLIIG									
	Paid in cash or left on dep	osit										
	Applied to pay renewal pre											
6.3	Applied to provide paid-up											
0.4	endowment or premiu											
6.4	Other Totals (Sum of Lines 6.1 to											
Annui	•	0 0.4)										
	Paid in cash or left on dep	osit										
	Applied to provide paid-up											
7.3	Other						\					
7.4	Totals (Sum of Lines 7.1 to	o 7.3)										
8.	Grand Totals (Lines 6.5 pl						7					
	DIRECT CLAIMS A		-									
9.	Death benefits											
10.	Matured endowments											
11.	Annuity benefits											
12.	Surrender values and with Aggregate write-ins for mis											
13.	and benefits paid											
14.	All other benefits, except a											
15.	Totals											
	DETAILS OF WRITE-INS											
1301.												
1302.												
1303.	Summary of Line 13 from											
	Totals (Lines 1301 thru 13											
1000.	above)	ioo pius 10.	30) (Line 13									
		1		1	Credit Life				1			
		(Ordinary		and Individua	al)	Group)	I	ndustrial		Total
	DIRECT DEATH	1	2	3	4	5		6	7	8	9	10
	BENEFITS AND MATURED			No. of Ind.Pols.								
	ENDOWMENTS			& Gr.		No. of						
	INCURRED	No.	Amount	Certifs.	Amount	t Certifs.	Α	mount	No.	Amount	No.	Amount
	Inpaid December 31, prior											
	year ncurred during current year						†		-			
	Settled during current year:											
	By payment in full											
	By payment on											
	compromised claims	,			-							
	otals paid	!		<u></u>							-	-
	Reduction by compromise					7+17-						
	mount rejected otal settlements	†			† #		†				· 	-
	Inpaid Dec. 31, current						_					
	year (16+17-18.6)			V			M					
						No. of						
	POLICY EXHIBIT					Policies						
	n force December 31, prior				(0)							
	yearssued during year				.(a)		†					
	Other changes to in force				•							
	(Net)										-	
	n force December 31 of				(2)							
	current year	neuranee:	orior voar [©]		(a)	rront year o	l		ı			1
	ludes Individual Credit Life I Iudes Group Credit Life Insu	-			months at issu	•				rrent year \$		
	ans greater than 60 months			•						irrent year \$		
_50	3					•			, 50	, Ψ		
				1		HEALTH I	NSUF			1		
1					1	2			3 de Paid Or	4		5

		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	425,954	425,954		164,631	284,086
	Other Individual Policies:	ŕ	,		,	,
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	425,954	425,954	0	164,631	284,086

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 425,954 164,631 0 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons ...0 . insured under indemnity only products



ANN	NUAL	STATEMENT F	OR THE	YEAR 2009	OF THE	HealthSpring	Life & He	alth Insur	ance Company,	Inc	
DIRECT BUSIN	NESS I	N THE STATE OF	Nebraska						DURING THE YEA	R	2009
NAIC Group Co	ode	3477			LIFE IN	ISURANCE			NAIC Company Co	de	12902

	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	•	<i>'</i>	·		
2.	Annuity considerations					
3.	Deposit-type contract funds				XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

		Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year			†		†		+			
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid			·							
18.4 Reduction by compromise			\							
18.5 Amount rejected				8						
18.6 Total settlements19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT AND	HEALIII IIIOOI	1711101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	863,996	863,996		402,425	694,420
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	C
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	863.996	863.996	0	402.425	694.420



NAIC Group	JSINESS IN THE : p Code 3477				LIFE	INSUR	ANCE			_		EAR 2009 Code 12902
			_	1		2		3		4		5
	DIRECT F AND ANNUITY C			Ordir		redit Life (G and Individu		Gro	un	Industria		Total
1. Life ir	nsurance			Oldii	- 1	and mulvide		GIU	ир	industria		Total
_	ity considerations			***************************************								
	sit-type contract fund					XXX				XXX		
	r considerations											
	s (Sum of Lines 1 to											
	DIRECT DIVIDENDS		YHOLDERS									
Life insurance	ce:											
6.1 Paid	in cash or left on dep	osit										
6.2 Applie	ed to pay renewal pre	miums										
	ed to provide paid-up endowment or premiu											
6.4 Other	r											
6.5 Totals	s (Sum of Lines 6.1 to	6.4)										
Annuities:									-			
	in cash or left on dep								-			
	ed to provide paid-up											
	r						\		•			
	s (Sum of Lines 7.1 to						\mathbf{M}					
8. Grand	d Totals (Lines 6.5 pl											
0 0	DIRECT CLAIMS A		_									
	n benefits											
	red endowments											
	ity benefits ender values and with											
13. Aggre	egate write-ins for mis	scellaneou	s direct claims									
	benefits paid her benefits, except a											
15. Totals	•	ooldon an	a ricaiti									
	AILS OF WRITE-INS											
1302												
1303.												
1398. Sumr	mary of Line 13 from	overflow pa	age									
1399. Totals	s (Lines 1301 thru 13		0									
abov	ve)											
					redit Life			Ì				
			Ordinary		and Individual)		Group			Industrial		Total
	IRECT DEATH ENEFITS AND	1	2	No. of	4	5	6		7	8	9	10
	MATURED NDOWMENTS INCURRED	No.	Amount	Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amo	unt	No.	Amount	No.	Amount
	December 31, prior	INO.	Amount	Ocitiis.	Amount	Octuis.	AIIIU	unt	INO.	Amount	INO.	Amount
							ļ					
	d during current year											

	(Ordinary	(Group	and Individual)		Group		Industrial		Total
DIRECT DEATH	1	2	. 3	4	5	6	7	8	9	10
BENEFITS AND			No. of							
MATURED ENDOWMENTS			Ind.Pols. & Gr.		No. of					
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year					ļ		ļ		ļ	
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on										
compromised claims	,				-					
18.3 Totals paid										
18.3 Totals paid										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current										
year (16+17-18.6)			- 1							
		_			No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior										
year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of										
current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	-	CODEIL AIL	IILALIII IIIOOI			
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	90,797	90,797		27,871	48,093
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	90,797	90,797	0	27,871	48,093



ANNUAL STATEMENT I	OR THE YEAR 2009 OF	IHE	HealthSpring Life &	Health Insurance	: Company, In	C.
DIRECT BUSINESS IN THE STATE OF	New Hampshire			DUR	ING THE YEAR	2009

NAIC	Group Code 3477		LIFE INSURANCE		NAIC Company Code 12902		
		1	2	3	4	5	
	DIRECT PREMIUMS	- "	Credit Life (Group	_			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance						
2.	Annuity considerations						
3.	Deposit-type contract funds		XXX		XXX		
4.	Other considerations						
5.	Totals (Sum of Lines 1 to 4)						
	DIRECT DIVIDENDS TO POLICYHOLDERS						
Life in	surance:						
6.1	Paid in cash or left on deposit						
6.2	Applied to pay renewal premiums						
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4	Other						
6.5	Totals (Sum of Lines 6.1 to 6.4)						
Annui		•					
7.1							
7.2	Applied to provide paid-up annuities						
7.3	Other						
7.4	Totals (Sum of Lines 7.1 to 7.3)						
8.	Grand Totals (Lines 6.5 plus 7.4)	4					
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits						
10.	Matured endowments						
11.	Annuity benefits						
12.	Surrender values and withdrawals for life contracts						
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid						
14.	All other benefits, except accident and health						
15.	Totals						
	DETAILS OF WRITE-INS						
1301.							
1302.							
1398							
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13						
	above)						

		Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year			†		†		+			
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid			·							
18.4 Reduction by compromise			\							
18.5 Amount rejected				₽						
18.6 Total settlements19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$., current year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

		CODEITI AIL	HEALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Po	olicies (b)					
24.1 Federal E	Employees Health Benefits Program					
premium	ı (b)					
24.2 Credit (G	roup and Individual)					
24.3 Collective	ely Renewable Policies (b)					
24.4 Medicare	Title XVIII exempt from state taxes or fees	863,336	863,336		328,073	566, 118
Other Ind	ividual Policies:					
25.1 Non-cand	celable (b)					
25.2 Guarante	ed renewable (b)					
25.3 Non-rene	wable for stated reasons only (b)					
25.4 Other acc	cident only					
25.5 All other ((b)					
	um of Lines 25.1 to 25.5)	0	0	0	0	
26. Totals (Li	nes 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	863.336	863.336	0	328.073	566.118



ANNUA	AL STATEMENT	FOR THE YEAR 2009	OF THE	HealthSpring I	Life & Health Inst	irance Company, Ind	o
DIRECT BUSINESS	S IN THE STATE OF	New Jersey				DURING THE YEAR	2009
NAIC Group Code	3477		LIFE II	NSURANCE		NAIC Company Code	12902

V/IIO	aroup code 5477				NAIO Oompa	11y 0000 12302
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities	·		····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

above)						1		1		
	(Ordinary		Credit Life (Group and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year17. Incurred during current year										
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior year		-		a)	No. of Policies					
21. Issued during year				,						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

ACCIDENT AND HEALTH INSURANCE

	TOOIDEITI AITD		171101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	4,760,279	4,760,279		2,278,308	3,931,423
Other Individual Policies:	, ,	, ,		, ,	
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	L0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4.760.279	4.760.279	0	2.278.308	3.931.423



		1 2	9 0 2 2 0	0 9 4 3 0	3 2 0 0 0
ANNUAL STATEMENT FOR THE	YEAR 2009 OF	THE HealthSpri	ng Life & Health	Insurance Comp	oany, Inc.
DIRECT BUSINESS IN THE STATE OF New Mexico)			DURING TH	E YEAR 2009
NAIC Group Code 3477	L	IFE INSURANCE	=	NAIC Compa	any Code 12902
	1	2	3	4	5
DIDECT DREMITING		Cradit Life /Craus			

		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	surance:					
	Paid in cash or left on deposit					
	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	0 (1) 40((1					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary	_	redit Life and Individual)		Group	Ir	Industrial		Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10	
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
Unpaid December 31, prior year									-		
18.2 By payment on compromised claims											
18.4 Reduction by compromise 18.5 Amount rejected					N				-		
18.6 Total settlements											
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT 20. In force December 31, prior year		_		(a)	No. of Policies						
21. Issued during year				·/							
22. Other changes to in force (Net)											
23. In force December 31 of current year				(a)							

ACCIDENT AND HEALTH INSURANCE

	•	CODEII AID	11272111111001	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	76,876	76,876		13,906	23,995
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	76.876	76.876	0	13.906	23.995



1A	NNUAL	STATEMENT F	FOR THE YEAR	R 2009 OF THE			ance Compa). `
IRECT BUS	SINESS	IN THE STATE OF	New York				DURING THE	YEAR	2009
IAIC Group	Code	3477		LIFE IN	NSURANCE		NAIC Compan	y Code	129

NAIC	Group Code 3477		LIFE INSURANCE	NAIC Company Code 12902		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	o.u.i.u.y	, i			10141
2.	Annuity considerations					
3.			XXX			
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1						
7.2	Applied to provide paid-up annuities			<u></u>		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial	Total	
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise									-	
18.5 Amount rejected				8						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				a)						
21. Issued during year					ļ					
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

current year			(a)					
(a) Includes Individual Credit Life	ا :Insurance	orior year \$		current ye	ear\$	 		
Includes Group Credit Life Ins	urance: Loa	ins less than or eq	jual to 60 month	s at issue, prior	r year \$, CI	urrent year \$ -	
Loans greater than 60 months	at issue Bl	IT NOT GREATE	R THAN 120 M	ONTHS prior v	ear \$	CI	urrent vear \$	

ACCIDENT AND HEALTH INSURANCE

•	ACCIDEITI AITD	IILALIII IIIOOI			
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	1,345,700	1,345,700		478,236	825,238
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	(
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1.345.700	0	478.236	825.238



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE	Health Spring Life & Health Insurance Company, Inc.	
DIRECT BUSINESS IN THE STATE OF North Carolina	DURING THE YEAR 20	09

NAIC Group Code 3477			LIFE INSURANCE	NAIC Company Code 12902		
		1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	Ordinary				Total
2.	Annuity considerations					
3.	Deposit-type contract funds					
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	Ordinary		Credit Life Ordinary (Group and Individual) Group		Group	Industrial		Total		
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year									-	
Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims	,								-	
18.4 Reduction by compromise									-	
18.5 Amount rejected			\							
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT		-			No. of Policies					
20. In force December 31, prior year				'a)						
21. Issued during year			<u> </u>							
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCOMANCE										
		1	2	3	4	5				
				Dividends Paid Or						
			Direct Premiums	Credited On Direct		Direct Losses				
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred				
24.	Group Policies (b)									
24.1	Federal Employees Health Benefits Program									
	premium (b)									
24.2	Credit (Group and Individual)									
24.3	Collectively Renewable Policies (b)									
24.4	Medicare Title XVIII exempt from state taxes or fees	5, 185, 115	5, 185, 115		2,028,259	3,499,941				
	Other Individual Policies:	, ,			, ,	,				
25.1	Non-cancelable (b)									
25.2	Guaranteed renewable (b)									
25.3	Non-renewable for stated reasons only (b)									
25.4	Other accident only									
	All other (b)									
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	L0	0				
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5, 185, 115	5.185.115	0	2.028.259	3.499.941				

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______0.

24.NC



ANNUAL STATEMENT FOR THE	YEAR 2009 OI	F THE HealthSprin	ng Life & Health	Insurance Comp	oany, Inc.
DIRECT BUSINESS IN THE STATE OF North Dakot	ta			DURING TH	E YEAR 2009
NAIC Group Code 3477		LIFE INSURANCE		NAIC Compa	any Code 12902
	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life insurance					
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
Od Daidin and sulph an demant					I

Life in	surance:			
6.1	Paid in cash or left on deposit		 	
6.2	Applied to pay renewal premiums	 	 	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	 	 	
6.4	Other	 	 	
6.5	Totals (Sum of Lines 6.1 to 6.4)	 	 	
Annui	ties:			
7.1	Paid in cash or left on deposit			
7.2	Applied to provide paid-up annuities		 	
7.3	Other	 	 	
7.4	Totals (Sum of Lines 7.1 to 7.3)			
8.	Grand Totals (Lines 6.5 plus 7.4)			
	DIRECT CLAIMS AND BENEFITS PAID			
9.	Death benefits			
10.	Matured endowments			
11.	Annuity benefits			
12.	Surrender values and withdrawals for life contracts			
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	 	 	
14.	All other benefits, except accident and health	 	 	
15.	Totals			
	DETAILS OF WRITE-INS			
1301.		 	 	
1302.		 	 	
1303.		 	 	
1398.	Summary of Line 13 from overflow page	 	 	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)			
	• • • • • • • • • • • • • • • • • • •		 	

above)											
	(Ordinary		redit Life and Individual)		Group		Industrial		Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10	
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior											
			-						-		
Settled during current year: 18.1 By payment in full											
18.2 By payment on compromised claims					<u> </u>				-		
18.4 Reduction by compromise			<u> </u>								
18.5 Amount rejected							.1				
18.6 Total settlements							-				
19. Unpaid Dec. 31, current year (16+17-18.6)											
7 - 2 - 7					No. of						
POLICY EXHIBIT 20. In force December 31, prior				(a)	Policies						
year 21. Issued during year				(α)					-		
22. Other changes to in force (Net)									-		
23. In force December 31 of current year				(a)							

current year (a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$., current year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCOMANCE										
		1	2	3	4	5				
				Dividends Paid Or						
			Direct Premiums	Credited On Direct		Direct Losses				
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred				
24.	Group Policies (b)									
24.1	Federal Employees Health Benefits Program									
	premium (b)									
24.2	Credit (Group and Individual)									
24.3	Collectively Renewable Policies (b)									
24.4	Medicare Title XVIII exempt from state taxes or fees	259,002	259,002		92,521	159,654				
	Other Individual Policies:				·					
25.1	Non-cancelable (b)									
25.2	Guaranteed renewable (b)									
25.3	Non-renewable for stated reasons only (b)									
25.4	Other accident only									
	All other (b)									
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0				
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	259,002	259.002	0	92.521	159.654				



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Spring Life & Health Insurance Company, Inc. DIRECT BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2009

NAIC Group Code 3477				LIF	E INSUR	ANCE			NAIC	Company	Code 12902
DIRECT				1	2			3	4	, ,	5
DIRECT P AND ANNUITY C	PREMIUMS ONSIDER		Ord	linary	Credit Life (G and Individu		Gı	roup	Industria	1	Total
Life insurance				in ary	una marvia	2017	<u> </u>		ii i daoti i d		
2. Annuity considerations											
Deposit-type contract fund					XXX				XXX		
 Other considerations Totals (Sum of Lines 1 to 4 											
5. Totals (Sum of Lines 1 to 4 DIRECT DIVIDENDS	,	VHOI DERS									
ife insurance:	TO FOLIC	THOLDERS									
6.1 Paid in cash or left on dep	osit										
6.2 Applied to pay renewal pre	miums										
6.3 Applied to provide paid-up											
endowment or premiu											
6.5 Totals (Sum of Lines 6.1 to											
Annuities:	•										
7.1 Paid in cash or left on dep			\		\\						
7.2 Applied to provide paid-up											
7.3 Other						A					
7.4 Totals (Sum of Lines 7.1 to8. Grand Totals (Lines 6.5 pli											
DIRECT CLAIMS A		FITS PAID									
9. Death benefits											
10. Matured endowments											
11. Annuity benefits			ļ								
12. Surrender values and with											
 Aggregate write-ins for mis and benefits paid 											
14. All other benefits, except a											
15. Totals											
DETAILS OF WRITE-INS											
1301.											
1302											
1303 1398. Summary of Line 13 from (
1399. Totals (Lines 1301 thru 13		•									
above)											
				Credit Life							
DIDECT DEATH	- (Ordinary 2	(Group	and Individua	l) 5	Group		7	ndustrial	9	Total
DIRECT DEATH BENEFITS AND	'	2	No. of	4	5	6	0	/	8	9	10
MATURED			Ind.Pols.								
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amo	ount	No.	Amount	No.	Amount
16. Unpaid December 31, prior	INO.	Amount	Gertiis.	Amount	Gertiis.	AIIIC	Juni	INO.	Amount	INU.	Amount
year				-		<u> </u>				-	
17. Incurred during current year				-							
Settled during current year: 8.1 By payment in full											
8.2 By payment on				-		†				-	
compromised claims						_					
8.3 Totals paid			·········		·····						
8.4 Reduction by compromise			\	-	\	+				-	
8.5 Amount rejected	f			 [*************************************	<u> </u>				·	†
19. Unpaid Dec. 31, current			1							<u> </u>	-
year (16+17-18.6)			V								
BOLLOW EL		-			No. of	- '					
POLICY EXHIBIT 20. In force December 31, prior	1				Policies	1					
year				.(a)		ļ					
21. Issued during year				·		ļ					
22. Other changes to in force											
(Net) 23. In force December 31 of						1					
current year	<u> </u>			(a)		<u> </u>					
a) Includes Individual Credit Life I				curr							
Includes Group Credit Life Insu									rrent year \$		
Loans greater than 60 months	at issue Bl	JI NOI GREAT	⊏K IHAN 1	ZU MONTHS, p	prior year \$, cu	rrent year \$		
			ACCIDE	NT AND H	IEALTH II	NSUR/	ANCE				
				1	2			3	4		5
					Direct Premi			ds Paid Or I On Direct			Direct Losses

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fe	ees628,405	628,405		223,259	385,254
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					

628,405

0

223,259

385,254

628,405

25.6 Totals (Sum of Lines 25.1 to 25.5) .

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)



ANNU	AL STATEMENT F	OR THE YEA	AR 2009 OF THE	HealthSpring	Life & Health Ins	surance Company, Ind	٥.
DIRECT BUSINES	SS IN THE STATE OF	Oklahoma				DURING THE YEAR	2009
NAIC Group Code	3477		LIFE IN	ISURANCE		NAIC Company Code	12902

		1	2	3	4	5
	DIRECT PREMIUMS	0 "	Credit Life (Group	•		.
1	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary	and Individual)	Group	Industrial	Total
• • •	Annuity considerations					
2.	•					
3.	Deposit-type contract funds		XXX		XXX	<u> </u>
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
-	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					ļ
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts				ļ	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health				l l	
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						ļ
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13				ļ	

	C	Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full									-	
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT 20. In force December 31, prior		-			No. of Policies					
year21. Issued during year			((a)					-	
Other changes to in force (Net)				(a)					-	

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT AND	HEALITI INCO	171101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or	fees 3,355,610	3,355,610		1,222,742	2, 109, 950
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 2	25.6) 3.355.610	3.355.610	0	1,222,742	2.109.950

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products ...0 .



ANNUAL	STATEMENT FOR	R THE YEAR 2009 O	F THE	HealthSpring	Life & Health	Insurance Company, Inc	Э.
DIRECT BUSINESS	N THE STATE OF Ore	gon				DURING THE YEAR	2009
NAIC Group Code	3477		LIFE IN	ISURANCE		NAIC Company Code	12902

						,
	DIDECT DESMUMO	1	2	3	4	5
	DIRECT PREMIUMS	O	Credit Life (Group	0	la di catala l	Total
1.	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary	and Individual)	Group	Industrial	rotai
2.	Annuity considerations					
3.			XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	nsurance:					
	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu	ities:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3						
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.						
11.	Annuity benefits					
	Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims					
	55 5					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301						
1302						
1303						
1398	Cummany of Line 10 from avariant are					
	. Totals (Lines 1301 thru 1303 plus 1398) (Line 13					
1000	above)					

	(Ordinary		Credit Life (Group and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

ACCIDENT AND HEALTH INSURANCE

	•	CODEIII AIID		IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	1,580,569	1,580,569		540,208	932 , 176
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,580,569	1.580.569	0	540.208	932.176

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons

insured under indemnity only products ...0 .



ANNUAL STATEMENT FOR THE YEAR 2009 OF	F IHE	HealthSpring Life & He	ealth Insurance Company,	nc.
DIRECT BUSINESS IN THE STATE OF Pennsylvania			DURING THE YEAR	₹ 2009

NAIC	IC Group Code 3477 LIFE INSURANC				NAIC Compa	any Code 12902
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.						
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

	(Ordinary		Credit Life (Group and Individual)		Group	Ir	ndustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

ACCIDENT AND HEALTH INSURANCE

ADDIDENT AND HEALTH INCOMANCE										
	1	2	3	4	5					
			Dividends Paid Or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group Policies (b)										
24.1 Federal Employees Health Benefits Program										
premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively Renewable Policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees	460,470	460,470		171,942	296,702					
Other Individual Policies:	,	,		,	,					
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)										
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	460,470	460.470	0	171,942	296.702					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products ...0 .



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ANNUAL	STATEMENT FOR THE YEAR 2009 C	FTHE HealthSpring Life & Health Ins	surance Company, Inc).)
DIRECT BUSINESS	N THE STATE OF Rhode Island		DURING THE YEAR	2009
NAIC Group Code	3477	LIFE INSURANCE	NAIC Company Code	129

		1	2	3	4	5
	DIRECT PREMIUMS	0 "	Credit Life (Group	•		.
1	AND ANNUITY CONSIDERATIONS Life insurance	Ordinary	and Individual)	Group	Industrial	Total
• • •	Annuity considerations					
2.	•					
3.	Deposit-type contract funds		XXX		XXX	<u> </u>
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
-	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					ļ
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts				ļ	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health				l l	
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						ļ
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13				ļ	

				*		*					
	(Ordinary	Credit Life (Group and Individual)		Group		Ir	Industrial		Total	
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind.Pols.	4	5	6	7	8	9	10	
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior											
year 17. Incurred during current year									-		
Settled during current year: 18.1 By payment in full											
18.2 By payment on compromised claims											
18.4 Reduction by compromise									-		
18.5 Amount rejected				8							
19. Unpaid Dec. 31, current year (16+17-18.6)			V								
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year				a)							
21. Issued during year					ļ						
22. Other changes to in force (Net)											
23. In force December 31 of current year				a)							

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

<u>, </u>	COURTIN AND	HEALIII IIIOOI	171101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	641,855	641,855		252,063	434,957
Other Individual Policies:	,	,		,	,
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		641.855	0	252.063	434.957

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons

insured under indemnity only products 0



						0 9 4 3 0	
ANNUAI	L STATEMENT F	OR THE YEAR	2009 OF	THE HealthSpri	ng Life & Health	n Insurance Comp	pany, Inc.
DIRECT BUSINESS	IN THE STATE OF	South Carolina				DURING TH	IE YEAR 2009
NAIC Group Code	3477		LI	IFE INSURANCE	.	NAIC Compa	any Code 12902
			1	2	3	4	5

NAIC	Group Code 3477		LIFE INSURANCE	NAIC Company Code 12902		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	Ordinary	,	Споцр	industrial	rotar
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

						l .					
	Ordinary			redit Life and Individual)	Group		lı	Industrial		Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10	
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
Settled during current year: 18.1 By payment in full									-		
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-		
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L					
In force December 31, prior year Issued during year Other changes to in force				a)							
(Net)				a)					-		

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT AND HEAETH INCONANCE										
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Program											
premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees	1,831,026	1,831,026		690,277	1, 191, 134						
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	(
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1.831.026	1.831.026	0	690.277	1, 191, 134						

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______0.



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE	Insurance Company, Inc.	
DIRECT BUSINESS IN THE STATE OF South Dakota	DURING THE YEAR 200	06

NAIC Group Code

LIFE INSURANCE

NAIC Group Code 3477		LIFE INSURANCE	NAIC Company Code 12902		
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance					
2. Annuity considerations					
Deposit-type contract funds				XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301					
1302.					
1303					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

		Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year			†		†		+			
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid			·							
18.4 Reduction by compromise			\							
18.5 Amount rejected				₽						
18.6 Total settlements19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	_	CODENI AND	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	347,904	347,904		125,233	216, 100
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	347,904	347,904	0	125,233	216, 100

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons

insured under indemnity only products ...0 .



	1 2 9 0 2 2 0 0 9 4 3 0 4 3 0 0	0
ANNUAL STATEMENT FOR THE YEAR 2009 OF THE	HealthSpring Life & Health Insurance Company, Inc.	
DIRECT BUSINESS IN THE STATE OF Tennessee	DURING THE YEAR 2009	j

	Group Code 3477		LIFE INSURANCE	E		ny Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	surance:					
	Paid in cash or left on deposit					
	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities			····		
	Other					
	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

						l .				
	(Ordinary		redit Life and Individual)		Group	lı	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full									-	
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-	
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L				
In force December 31, prior year Issued during year Other changes to in force				a)						
(Net)				a)					-	

ACCIDENT AND HEALTH INSURANCE

	•	CODEIL AIL		IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	11, 112, 083	11, 112, 083		4,735,399	8, 171, 350
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11, 112, 083	11.112.083	0	4.735.399	8.171.350

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______0.



DIRECT BUSINESS IN THE STATE OF Texas

	Group Code 3477					INSURAN	CE	_		Company	y Code 12
	DIRECT P	REMIUMS	:	1		2 edit Life (Grou	,	3	4		5
_	AND ANNUITY CO			Ordi		nd Individual)		Group	Industria	al	Total
1.	Life insurance										
2.	Annuity considerations										
3.	Deposit-type contract funds	s				XXX			XXX		
4.	Other considerations										
5.	Totals (Sum of Lines 1 to 4										
<u> </u>	DIRECT DIVIDENDS	,	VHOLDERS								
ife in	surance:	101010	IIIOLDLIIO								
	Paid in cash or left on depo	neit									
	Applied to pay renewal pre-										
	Applied to pay renewal pre-										
0.5	endowment or premiur										
6.4	Other										
	Totals (Sum of Lines 6.1 to										
.nnui	· · · · · · · · · · · · · · · · · · ·	, o,									
7.1	Paid in cash or left on depo	nsit									
7.2	Applied to provide paid-up										
7.3											
7.3 7.4	Other Totals (Sum of Lines 7.1 to				T						
7.4 8.	Grand Totals (Lines 6.5 plu	,		—————————————————————————————————————			▋ ╌┈ ▋ ╌┈				
u.	DIRECT CLAIMS AI		ITC DAID								
0			_								
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and without										
13.	Aggregate write-ins for mis										
	and benefits paid										
	All other benefits, except a	ccident and	u nealth								
15.	Totals										
	DETAILS OF WRITE-INS										
301.											
302.											
302. 303.											
303.	Summary of Line 13 from c										
303. 398.	Summary of Line 13 from c Totals (Lines 1301 thru 130	overflow pa	ge								
303. 398.	Summary of Line 13 from o	overflow pa	ge								
303. 398.	Summary of Line 13 from c Totals (Lines 1301 thru 130	overflow pa	ge								
303. 398.	Summary of Line 13 from c Totals (Lines 1301 thru 130	overflow pa 03 plus 139	ge	С		G	roup		Industrial		Total
303. 398.	Summary of Line 13 from c Totals (Lines 1301 thru 130	overflow pa 03 plus 139	ge 98) (Line 13	С	Credit Life	G 5	roup 6	7	Industrial 8	9	Total 10
303. 398.	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND	overflow pa 03 plus 139	ge98) (Line 13	(Group	Credit Life and Individual)					9	
303. 398.	Summary of Line 13 from C Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED	overflow pa 03 plus 139	ge98) (Line 13	(Group 3 No. of Ind.Pols.	Credit Life and Individual)	5				9	
303. 398.	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399.	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	overflow pa 03 plus 139	ge98) (Line 13	(Group 3 No. of Ind.Pols.	Credit Life and Individual)	5				9 No.	
303. 398. 399.	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399.	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399. 6. U	Summary of Line 13 from c Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year curred during current year	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399. 6. U	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year icurred during current year ettled during current year:	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399. 6. U	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year icurred during current year ettled during current year: y payment in full	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399. 6. U 7. Ir S 8.1 B 8.2 B	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED INC	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399. 7. Ir S 3.1 B	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year curred during current year ettled during current year: y payment in full	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399. 6. U 7. Iri 33.1 B (33.3 T	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year curred during current year ettled during current year: y payment in full y payment on compromised claims cotals paid	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399. 6. U 7. Iri S 3.1 B (7. S 3.3 T 3.3 T	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year ettled during current year ettled during current year y payment in full y payment on compromised claims cotals paid eduction by compromise	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399. 6. U 7. Irr S 8.3.1 B 8.3.2 B 8.3.3 T 8.3.4 F 8.5.4 A	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year during current year ettled during current year: y payment on compromised claims cotals paid eduction by compromise mount rejected	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
303. 398. 399. 	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year detried during current year: y payment in full y payment on compromised claims cotals paid deduction by compromise deduction by compromise mount rejected cotal settlements	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
6. U 7. Iri 7. Iri 83.1 B 6. U 7. Iri 9. U	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year. curred during current year: ettled during current year: y payment in full y payment on compromised claims totals paid	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	5 No. of	6	7	8		10
6. U 7. Iri 7. Iri 83.1 B 6. U 7. Iri 9. U	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year detried during current year: y payment in full y payment on compromised claims cotals paid deduction by compromise deduction by compromise mount rejected cotal settlements	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	No. of Certifs.	6	7	8		10
303. 398. 399. 	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year curred during current year: y payment in full ypayment on compromised claims cotals paid eduction by compromise mount rejected cotal settlements npaid Dec. 31, current year (16+17-18.6)	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	No. of Certifs.	6	7	8		10
303. 398. 399. 	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED INC	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	No. of Certifs.	6	7	8		10
303. 398. 399. 6. U 7. Ir 3.1 B 3.3 T 3.3 T 9. U 0. Ir	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year detried during current year: y payment in full ypayment on compromised claims otals paid eduction by compromised claims nount rejected otal settlements npaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT of force December 31, prior	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Amount	No. of Certifs.	6	7	8		10
6. U 7. Irr S 3.1 B 3.3 T 3.4 F 7. Irr S 9. U	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year detried during current year: y payment in full ypayment on compromised claims deduction by compromise deduction by compromise mount rejected during current year: year (16+17-18.6) POLICY EXHIBIT of force December 31, prior year.	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Credit Life and Individual) 4	No. of Certifs.	6	7	8		10
303. 398. 399. 7. Irr S S 3.1 B 3.2 B 3.3 T 7. Irr S 9. U	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior year during current year: yearment in full yayment on compromised claims cotals paid eduction by compromise mount rejected otal settlements npaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT force December 31, prior year sued during year sued substitution in the summary of the summ	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Amount	No. of Certifs.	6	7	8		10
303. 398. 399. 7. Iri S 8.1 B 8.2 B (7. Iri S 8.3 T 9. U	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Inpaid December 31, prior year curred during current year: y payment in full ypayment on compromised claims cotals paid eduction by compromise mount rejected total settlements paid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT of force December 31, prior year sued during year ther changes to in force	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Amount	No. of Certifs.	6	7	8		10
6. U 7. Iri 83.1 B 8.3 3.3 T 9. U 11. Is 12. C	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Inpaid December 31, prior year during current year: y payment in full ypayment on compromised claims otals paid eduction by compromise mount rejected otal settlements npaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT of force December 31, prior year sued during year ther changes to in force (Net)	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind.Pols. & Gr.	Amount	No. of Certifs.	6	7	8		10
303. 398. 399. 6. U 7. Ir S 3.2 B 3.3 T 8.5 A 7. Is S 3.5 A 7. Ir S 3.5 A 7. Is S 3.6 T 1. Is S 3.6 T 7. Is S 3.6 T 7. Is S 3.6 T 8. T 8. T 8. T 8. T 8. T 8. T 8. T 8.	Summary of Line 13 from of Totals (Lines 1301 thru 130 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Inpaid December 31, prior year curred during current year: y payment in full ypayment on compromised claims cotals paid eduction by compromise mount rejected total settlements paid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT of force December 31, prior year sued during year ther changes to in force	overflow pa 03 plus 139 C	ge	(Group 3 No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	6	7	8		10

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT AND	HEALIII IIIOOI	IAITOL		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fee	s30,421,416	30,421,416		16, 197,847	22, 101, 721
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6	30.421.416	30.421.416	0	16.197.847	22.101.721

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons ...0 .



NAIC Company Code 12902

606,252

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Spring Life & Health Insurance Company, Inc. DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2009

NAIC Group Code 3477

25.5 All other (b) ...

25.6 Totals (Sum of Lines 25.1 to 25.5)

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

insured under indemnity only products

LIFE INSURANCE

DIRECT PREMIUMS		1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATION	NS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance						
Annuity considerations	F					
Deposit-type contract funds	F-1		XXX		XXX	
Other considerations Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOL	LDERS					
Life insurance:						
6.1 Paid in cash or left on deposit	F					
6.2 Applied to pay renewal premiums	r					
6.3 Applied to provide paid-up additions or sho endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit			7 7			
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS I						
9. Death benefits						
Matured endowments Annuity benefits	F-					
12. Surrender values and withdrawals for life o	Γ-			<u> </u>		
13. Aggregate write-ins for miscellaneous direct	ct claims					
and benefits paid						
14. All other benefits, except accident and hea15. Totals	uu1					
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page 1399. Totals (Lines 1301 thru 1303 plus 1398) (L	F-1					
above)	1110 10					
		Credit Life	1	<u> </u>		
Ordina		(Group and Individu			Industrial	Total
DIRECT DEATH 1	2	3 4 No. of	5	6 7	8	9 10
RENEFITS AND		140. 01				
BENEFITS AND MATURED		Ind.Pols.				
MATURED ENDOWMENTS	A +	& Gr.	No. of		A	A
MATURED ENDOWMENTS INCURRED No.	Amount			mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	Amount	& Gr.		mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year	Amount	& Gr.		mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year:	Amount	& Gr.		mount No.	Amount !	No. Amount
MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year	Amount	& Gr.		mount No.	Amount I	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	Amount	& Gr.		mount No.	Amount I	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	Amount	& Gr.		mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	Amount	& Gr.		mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	Amount	& Gr.		mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current	Amount	& Gr.		mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	Amount	& Gr.	nt Certifs. A	mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year. 17. Incurred during current year Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims. 18.3 Totals paid. 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)	Amount	& Gr.	No. of	mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current	Amount	& Gr. Certifs. Amour	nt Certifs. A	mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year	Amount	& Gr.	No. of	mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year	Amount	& Gr. Certifs. Amour	No. of	mount No.	Amount 1	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net)	Amount	& Gr. Certifs. Amour	No. of	mount No.	Amount	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	Amount	& Gr. Certifs. Amour	No. of	mount No.	Amount	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year		& Gr. Certifs. Amour	No. of Policies	mount No.	Amount	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	year\$ss than or eq	& Gr. Certifs. Amour (a) (a) (a) ual to 60 months at iss	No. of Policies urrent year \$ ue, prior year \$		urrent year \$	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	year\$ss than or eq	& Gr. Certifs. Amour (a) (a) (a) ual to 60 months at iss	No. of Policies urrent year \$ ue, prior year \$		urrent year \$	No. Amount
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	year \$gs than or eq	& Gr. Certifs. Amour (a) (a) (a) ual to 60 months at iss	No. of Policies Urrent year \$ ue, prior year \$ s, prior year \$, c	urrent year \$	
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	year \$gs than or eq	(a) (a) (a) (b) (a) (c) (a) (c) (a) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f	No. of Policies Urrent year \$ ue, prior year \$ s, prior year \$, c , c , c , c , c , c , c , c , c , c	urrent year \$	
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	year \$gs than or eq	(a) (a) (a) (b) (a) (c) (a) (c) (a) (b) (c) (c) (d) (d) (d) (d) (d) (d	No. of Policies Policies Policies Policies Policies Policies Policies	RANCE 3 Dividends Paid Or	urrent year \$	5
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	year \$ss than or eq	(a) (a) (a) (b) (a) (c) (a) (c) (a) (b) (c) (c) (d) (d) (d) (d) (d) (d	No. of Policies Policies Urrent year \$ ue, prior year \$ b, prior year \$ HEALTH INSUI	, c , c , c , c , c , c , c , c , c , c	urrent year \$	5 Direct Losses
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	year \$ss than or eq	(a) (a) (a) (b) (c) (c) (d) (a) (c) (d) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	No. of Policies Prior year \$	RANCE 3 Dividends Paid Or Credited On Direct	urrent year \$	5 Direct Losses
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	year \$	(a) (a) (a) (b) (c) (c) (d) (a) (c) (d) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	No. of Policies Prior year \$	RANCE 3 Dividends Paid Or Credited On Direct	urrent year \$	5 Direct Losses
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	year \$ ss than or eq OT GREATEI	(a) (a) (a) (b) (c) (c) (d) (e) (e) (f) (f) (f) (f) (f) (f	No. of Policies Prior year \$	RANCE 3 Dividends Paid Or Credited On Direct	urrent year \$	5 Direct Losses
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year Settled during current year Settled during current year: 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 19. Issued during year 19. Issued during year 19. In force December 31 of current year (Net) 19. In force December 31 of current year (a) Includes Individual Credit Life Insurance: prior year 19. Includes Group Credit Life Insurance: Loans less Loans greater than 60 months at issue BUT NC 19. In Federal Employees Health Benefits Prograpremium (b) 19. 24.2 Credit (Group and Individual) 19. 24.3 Collectively Renewable Policies (b) 19. Includes (b) 19. Includes (b) 19. Includes (control of the prograpremium (b) 19. 24.2 Credit (Group and Individual) 19. 24.3 Collectively Renewable Policies (b) 19. Includes (b) 19. Includes (b) 19. Includes (b) 19. Includes (control of the prograpremium (control of the progra	year \$ ss than or eq DT GREATEI AI	(a) (a) (a) (b) (c) (c) (d) (e) (e) (f) (f) (f) (f) (f) (f	No. of Policies Policies Trent year \$ ue, prior year \$ RANCE 3 Dividends Paid Or Credited On Direct	urrent year \$	5 Direct Losses	
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year	year \$ ss than or eq DT GREATEI AI	(a) (a) (a) (b) (c) (c) (d) (e) (e) (f) (f) (f) (f) (f) (f	No. of Policies Policies Trent year \$ ue, prior year \$ RANCE 3 Dividends Paid Or Credited On Direct	urrent year \$	5 Direct Losses Incurred	
INCURRED INCURRED No. 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 19. Unpaid Dec. 31 of current year (16-17-18.6) 23. In force December 31 of current year 24. Group Credit Life Insurance: prior year lncludes Group Credit Life Insurance: Loans less Loans greater than 60 months at issue BUT Notes (16 or one) 24. Group Policies (b) 24.1 Federal Employees Health Benefits Progratic premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b) 24.4 Medicare Title XVIII exempt from state taxes Other Individual Policies:	year \$ ss than or eq OT GREATEI AI am es or fees	(a) (a) (a) CCIDENT AND 1 Direct Premiums	No. of Policies Policies Wrent year \$	RANCE 3 Dividends Paid Or Credited On Direct	urrent year \$	5 Direct Losses Incurred
INCURRED INCURRED No. 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year 19. Unpaid Dec. 31, current year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Insurance: prior year Includes Group Credit Life Insurance: Loans les Loans greater than 60 months at issue BUT NO 24. Group Policies (b) 24.1 Federal Employees Health Benefits Prograpremium (b) 24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b) 24.4 Medicare Title XVIII exempt from state taxe Other Individual Policies: 25.1 Non-cancelable (b)	year \$	(a) (a) (a) Coulai to 60 months at isser THAN 120 MONTHS CCIDENT AND 1 Direct Premiums	No. of Policies Policies Wrent year \$	RANCE 3 Dividends Paid Or Credited On Direct	urrent year \$	5 Direct Losses Incurred
MATURED ENDOWMENTS INCURRED No. 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year (Net) 22. Other changes to in force (Net) 23. In force December 31 of current year 24. Includes Individual Credit Life Insurance: prior year lncludes Group Credit Life Insurance: Loans les Loans greater than 60 months at issue BUT NO 24. Group Policies (b) 24.1 Federal Employees Health Benefits Prograpremium (b) 24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b) 24.4 Medicare Title XVIII exempt from state taxe Other Individual Policies:	year \$ ss than or eq OT GREATEI AI am es or fees	(a) (a) (a) Coulai to 60 months at isser THAN 120 MONTHS CCIDENT AND 1 Direct Premiums	No. of Policies Policies Wrent year \$	RANCE 3 Dividends Paid Or Credited On Direct	urrent year \$	5 Direct Losses Incurred

24.UT

849,464

...0 .

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

849,464

0

351,330

....0 and number of persons



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Spring Life & Health Insurance Company, Inc. DURING THE YEAR 2009 DIRECT BUSINESS IN THE STATE OF Vermont

IAIC Group Code 3477					IFE IN		INCE		•	NAIC	Compan	/ Code _ 129
DIRECT P	REMIUMS	•		1	Credit	2 Life (Gr	oun		3	4		5
AND ANNUITY CO			Ord	inary		Individua	1-	Gı	roup	Industria	ı	Total
1. Life insurance				•								
2. Annuity considerations												
3. Deposit-type contract funds						.XXX				XXX		
4. Other considerations												
5. Totals (Sum of Lines 1 to 4	,											
DIRECT DIVIDENDS	LO boric,	YHOLDERS										
ife insurance:												
6.1 Paid in cash or left on depo												
6.2 Applied to pay renewal pre-												
6.3 Applied to provide paid-up	additions o	or shorten the										
endowment or premiur 6.4 Other												
6.5 Totals (Sum of Lines 6.1 to												
Annuities:	0.4)											
7.1 Paid in cash or left on depo	neit											
7.2 Applied to provide paid-up												
7.3 Other												
7.4 Totals (Sum of Lines 7.1 to							<u> </u>					
8. Grand Totals (Lines 6.5 plu							₩-					
DIRECT CLAIMS AI		ITS PAID					_					
Death benefits		-										
10. Matured endowments												
11. Annuity benefits												
12. Surrender values and without												
13. Aggregate write-ins for mis												
and benefits paid												
14. All other benefits, except a	ccident and	d health										
15. Totals												
DETAILS OF WRITE-INS												
301.												
302.												
1303.												
1398. Summary of Line 13 from c		•										
1399. Totals (Lines 1301 thru 130 above))3 plus 139	98) (Line 13										
45575)												
	,	Ordinan.		Credit Life	الميا		Craun		la la	du atrial		Total
DIRECT DEATH	1	Ordinary 2	3	and Individ	iuai)	5	Group	6	7	dustrial 8	9	Total 10
BENEFITS AND	.	-	No. of					J	, ,	Ü		
MATURED			Ind.Pols.									
ENDOWMENTS INCURRED			& Gr.			No. of						
16. Unpaid December 31, prior	No.	Amount	Certifs.	Amour	nt C	Certifs.	An	nount	No.	Amount	No.	Amount
year												
17. Incurred during current year												
Settled during current year:												
8.1 By payment in full									1			
8.2 By payment on					Ī							
compromised claims									-		-}	
8.3 Totals paid			<u>.</u>						•		-	
8.4 Reduction by compromise		······	V			N			-		-	
8.5 Amount rejected				-		1			<u> </u>		-}	
8.6 Total settlements		-			┈┋ ┼┇		···-				·	
19. Unpaid Dec. 31, current						1	V					1
year (16+17-18.6)			+ 1				1					+
POLICY EXHIBIT						No. of olicies						1
20. In force December 31, prior						uncies						1
year				(a)					1		<u> </u>	
21. Issued during year				<u>'</u>		<u>_</u>						
22. Other changes to in force						Ī						
(Net)											·	
23. In force December 31 of				(0)								1
current year				(a) -		r					1	
) Includes Individual Credit Life In		-			current yea							
Includes Group Credit Life Insul			•							rent year \$		
Loans greater than 60 months a	at issue BU	JI NOT GREAT	ER THAN 1	∠U MONTHS	5, prior ye	ar \$, cur	rent year \$		
			ACCIDE	NT AND	HEAL	TH IN	ISUR	ANCE				
				1	^_	2			3	4		5
				•		-			ds Paid Or			5
					Direct	Premiu	ms	Credited	On Direct			Direct Losses
			Direct D		l l	arnod			inocc	Direct Loccos	_	

	<i>-</i>	CCIDENT AND	HEALTH INSUR	TANCE		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	444,888	444,888		184,876	319,019
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	444,888	444,888	0	184,876	319,019

444,888 444,888 184,876 0 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products ...0 .



DURING THE YEAR 2009

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Spring Life & Health Insurance Company, Inc. DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 3477		· ·		LI	IFE INSUR	ANC	Ε		NAIC	Compa	ny Cod	e 12902
				1	2			3	4		_ ,	5
	PREMIUMS		01		Credit Life (G		0		lando e Ania			T-4-1
1. Life insurance		ATIONS	Orai	inary	and Individu	uai)	Gr	oup	Industria	ll .		Total
Annuity considerations												
Deposit-type contract fun					XXX				XXX			
Other considerations												
5. Totals (Sum of Lines 1 to												
DIRECT DIVIDENDS	TO POLIC	YHOLDERS										
Life insurance:												
6.1 Paid in cash or left on de												
6.2 Applied to pay renewal pr												
6.3 Applied to provide paid-u endowment or premi	p additions	or shorten the										
6.4 Other												
6.5 Totals (Sum of Lines 6.1												
Annuities:	•											
7.1 Paid in cash or left on de			\									
7.2 Applied to provide paid-u			.					<u></u>				
7.3 Other						\						
7.4 Totals (Sum of Lines 7.1						—						
8. Grand Totals (Lines 6.5 p	,	FITO DATE				7						
9. Death benefits												
Death benefits Matured endowments												
11. Annuity benefits												
12. Surrender values and wit												
13. Aggregate write-ins for m												,
and benefits paid												
14. All other benefits, except	accident ar	nd health										
15. Totals												
DETAILS OF WRITE-INS												
1301.												
1302 1303												
1398. Summary of Line 13 from	overflow p	age										
1399. Totals (Lines 1301 thru 1												
above)	•	* *										
400.07			1									
430.07			(Credit Life				<u> </u>	I .	<u> </u>		
		Ordinary		Credit Life and Individ		Grou	p		dustrial		Tot	al
DIRECT DEATH	1	Ordinary 2	(Group		lual) 5	Grou	p 6	In	dustrial 8	9	Tot	al 10
DIRECT DEATH BENEFITS AND			(Group 3 No. of			Grou				9	Tot	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			(Group			Group				9	Tot	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED			(Group 3 No. of Ind.Pols.		5 No. of					9 No.	Tot	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior	1	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 8 Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	5 No. of		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	No. of Certifs.		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	No. of Certifs.		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	2	(Group 3 No. of Ind.Pols. & Gr.	Amoun	No. of Certifs.		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT	No.	2	(Group 3 No. of Ind.Pols. & Gr.	and Individ 4	No. of Certifs.		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force	No.	2	(Group 3 No. of Ind.Pols. & Gr.	Amoun	No. of Certifs.		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net)	No.	2	(Group 3 No. of Ind.Pols. & Gr.	Amoun	No. of Certifs.		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	2	(Group 3 No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year	No.	Amount	(Group 3 No. of Ind.Pols. & Gr. Certifs.	Amount (a)	No. of Certifs. No. of Policies		6	7	8		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	No.	Amount prior year \$	(Group 3 No. of Ind.Pols. & Gr. Certifs.	Amount (a)	No. of Certifs. No. of Policies	A	6 mount	7	8 Amount		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life	No.	Amount prior year \$ ans less than or early and the second	(Group 3 No. of Ind.Pols. & Gr. Certifs.	(a)(a)	No. of Certifs. No. of Policies Purrent year \$ Sue, prior year \$	A	6 mount	No.	8 Amount		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins	No.	Amount prior year \$ ans less than or e	(Group 3 No. of Ind.Pols. & Gr. Certifs.	(a)	No. of Certifs. No. of Policies Furrent year \$ Sue, prior year \$ So, prior year \$	A	6 imount	No.	8 Amount		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins	No.	Amount prior year \$ ans less than or e	(Group 3 No. of Ind.Pols. & Gr. Certifs. Paqual to 60 n ER THAN 1:	(a)	No. of Certifs. No. of Policies Furrent year \$ Sue, prior year \$ So, prior year \$ The ALTH II	A	RANCE	No.	Amount rent year \$		Tot	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins	No.	Amount prior year \$ ans less than or e	(Group 3 No. of Ind.Pols. & Gr. Certifs. Paqual to 60 n ER THAN 1:	(a)	No. of Certifs. No. of Policies Furrent year \$ Sue, prior year \$ So, prior year \$	A	RANCE	7 No. No, cur, cur 3	8 Amount		Tot	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins	No.	Amount prior year \$ ans less than or e	(Group 3 No. of Ind.Pols. & Gr. Certifs. Paqual to 60 n ER THAN 1:	(a)	No. of Certifs. No. of Policies Furrent year \$ Sue, prior year \$ So, prior year \$ The ALTH II	NSUE	RANCE Dividence	No.	Amount rent year \$			Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 months	No.	Amount prior year \$ ans less than or e UT NOT GREAT	(Group 3 No. of Ind.Pols. & Gr. Certifs.	(a)	No. of Certifs. No. of Policies No. of Policies No. of Policies HEALTH II	NSUE	RANCE Dividence Credited	No.	Amount rent year \$	No.	Dire	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins	No.	Amount prior year \$ ans less than or e UT NOT GREAT	(Group 3 No. of Ind.Pols. & Gr. Certifs.	(a)	No. of Certifs. No. of Certifs. No. of Policies Policies Surrent year \$ Sue, prior year \$ Sue, prior year \$ Direct Premi	NSUE	RANCE Dividence Credited	No.	rent year \$	No.	Dire	10 Amount 5 act Losses

		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	2,325,449	2,325,449		824,896	1,423,431
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,325,449	2,325,449	0	824,896	1,423,431

and number of persons (b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products ...0 .



ANNUAL	. STATEMENT F	OR THE YEAR 2009 (OF THE	HealthSpring	Life & Health	Insurance Company, Inc	Э.
DIRECT BUSINESS	IN THE STATE OF	Washington				DURING THE YEAR	2009
NAIC Group Code	3477		LIFE IN	ISURANCE		NAIC Company Code	12902

, ., .,	0.00p 0000 0177			_	TW tile compe	ally Code 12002
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	,	,			
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX			
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	O					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

above)		Ш.								
		Ordinary		redit Life and Individual)		Group	lı	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year			†		†					
Settled during current year:			†t							
18.1 By payment in full										
18.2 By payment on compromised claims									-	
18.3 Totals paid		·····	·							
18.4 Reduction by compromise 18.5 Amount rejected			\							
18.6 Total settlements				₽						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			((a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

	•	CODEIL AIL		IAIIOE		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	4,425,246	4,425,246		1,800,217	3, 106, 435
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4.425.246	4.425.246	0	1.800.217	3.106.435

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons

....0 . insured under indemnity only products



	1 2 9 0 2 2 0 0 9 4 3		J
ANNUAL STATEMENT FOR THE YEAR 2009 OF THE	HealthSpring Life & Health Insurance	Company, Inc.	
DIRECT BUSINESS IN THE STATE OF West Virginia	DURIN	NG THE YEAR 2009	

	Group Code 3477		LIFE INSURANCE		NAIC Compa	ny Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	ATIONS Ordinary a		3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
_ife in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
\nnui						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities			····		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

						l .				
	(Ordinary		Credit Life (Group and Individual)		Group	lı	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full									-	
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-	
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L				
In force December 31, prior year Issued during year Other changes to in force				a)						
(Net)				a)					-	

ACCIDENT AND HEALTH INSURANCE

	_	CCIDEIII AIID	IILALIII IIIOOI	IAIIOL		
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	112, 190	112, 190		40,393	69,703
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	112, 190	112,190	0	40,393	69,703

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______0.



ANN	UALSTATEMENT	FOR THE Y	FEAR 2009 OF	IHE	HealthSpring	Life & Health Ins	surance Company, inc	ο.
DIRECT BUSINE	ESS IN THE STATE OF	Wisconsin					DURING THE YEAR	2009
NAIC Group Coo	le 3477		L	IFE IN	ISURANCE		NAIC Company Code	12902

	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	•	<i>'</i>	·		
2.	Annuity considerations					
3.	Deposit-type contract funds				XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims	,									
18.4 Reduction by compromise 18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT 20. In force December 31, prior					No. of Policies					
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				a)						

ACCIDENT AND HEALTH INSURANCE

	TOOIDEITI AITD		171101		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program					
premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	2.772.557	2.772.557		1, 113, 596	1.921.609
Other Individual Policies:	, , , , ,	, , , ,		, ,,,,,	, , , , , , , , , , , , , , , , , , , ,
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		2.772.557	0	1.113.596	1.921.609

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products ...0 .



DIRE	CT BUSINESS IN THE STATE OF Wyoming		•	-	DURING THE	YEAR 2009
NAIC	Group Code 3477		LIFE INSURANCE		NAIC Compa	ny Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.						
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.	·					
1302.	·					
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

						l .				
	(Ordinary		redit Life and Individual)		Group	lı	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	3 No. of Ind.Pols. & Gr.	4	No. of	6	7	8	9	10
Unpaid December 31, prior year Incurred during current year	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
Settled during current year: 18.1 By payment in full									-	
18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements									-	
19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT			V	V	No. of Policies	V L				
In force December 31, prior year Issued during year Other changes to in force				a)						
(Net)				a)					-	

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCOMANCE											
		1	2	3	4	5					
				Dividends Paid Or							
			Direct Premiums	Credited On Direct		Direct Losses					
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24.	Group Policies (b)										
24.1	Federal Employees Health Benefits Program										
	premium (b)										
24.2	Credit (Group and Individual)										
24.3	Collectively Renewable Policies (b)										
24.4	Medicare Title XVIII exempt from state taxes or fees	199,674	199,674		92,549	159,702					
	Other Individual Policies:										
25.1	Non-cancelable (b)										
25.2	Guaranteed renewable (b)										
25.3	Non-renewable for stated reasons only (b)										
25.4	Other accident only										
25.5	All other (b)										
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	199.674	199.674	0	92.549	159.702					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______0.



DIRE	CT BUSINESS IN THE STATE OF Guam				DURING THE	YEAR 2009
NAIC	Group Code 3477		LIFE INSURANCE	NAIC Company Code 12902		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	Ordinary	and maividual)	Group	industrial	TOTAL
2.	Annuity considerations					
3.	Deposit-type contract funds				XXX	
4.	Other considerations				, , , , , , , , , , , , , , , , , , , ,	
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life ir	nsurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annu						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities Other					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					

Annuity benefits .

DETAILS OF WRITE-INS

1398. Summary of Line 13 from overflow page

Surrender values and withdrawals for life contracts ...

11.

12.

15.

1301. 1302. 1303.

Totals

above)										
	C	Ordinary		Credit Life and Individual)		Group	lr	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year		Amount	Certiis.	Amount	Certiis.	Amount	110.	Amount	110.	Amount
Incurred during current year Settled during current year: 18.1 By payment in full									-	
18.2 By payment on compromised claims									-	
18.4 Reduction by compromise										
18.6 Total settlements 19. Unpaid Dec. 31, current				()						
year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year		•		(a)	No. of Policies					
Issued during year Other changes to in force (Net)				(a)						
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCOMANCE											
		1	2	3	4	5					
				Dividends Paid Or							
			Direct Premiums	Credited On Direct		Direct Losses					
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24.	Group Policies (b)										
24.1	Federal Employees Health Benefits Program										
	premium (b)										
24.2	Credit (Group and Individual)										
24.3	Collectively Renewable Policies (b)										
24.4	Medicare Title XVIII exempt from state taxes or fees	602	602		218	377					
	Other Individual Policies:										
25.1	Non-cancelable (b)										
25.2	Guaranteed renewable (b)										
25.3	Non-renewable for stated reasons only (b)										
25.4	Other accident only										
	All other (b)										
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	602	602	0	218	377					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______0.



	ANNUAL	STATEMENT	OR THE Y	'EAR 2009 (OF THE	HealthSpring	Life & Health In	isurance Company, Ind	٥.
DIRECT B	USINESS I	N THE STATE OF	Puerto Rico					DURING THE YEAR	2009
NAIC Grou	p Code	3477			LIFE IN	ISURANCE		NAIC Company Code	12902

	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	•	<i>'</i>	·		
2.	Annuity considerations					
3.	Deposit-type contract funds				XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life in	surance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annui	ties:					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13					

		Ordinary		redit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					\					
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
POLICY EXHIBIT		-			No. of Policies		T			
In force December 31, prior year 21. Issued during year			1	(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

		CODEIII AIID	,			
		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program					
	premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	25.375	25.375		8, 171	14.099
	Other Individual Policies:	,	,		, i	,
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
	Other accident only					
	All other (b)					
	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	(
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25.375	25.375	0	8 171	14 099

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products ...0 .



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE	HealthSpring Life & Health	Insurance Company, In-	c.
DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands		DURING THE YEAR	2009

NAIC Group Code

LIFE INSURANCE

NAIC Group Code 3477		LIFE INSURANCE	NAIC Company Code 12902			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
Life insurance						
2. Annuity considerations						
Deposit-type contract funds				XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301						
1302.						
1303						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13						

		Ordinary		redit Life and Individual)		Group		ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.4 Reduction by compromise 18.5 Amount rejected					\					
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
POLICY EXHIBIT		-			No. of Policies		T			
In force December 31, prior year 21. Issued during year			1	(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.., current year \$., current year \$

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT AND THEALTH INCOTIANCE													
		1	2	3	4	5								
				Dividends Paid Or										
			Direct Premiums	Credited On Direct		Direct Losses								
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred								
24.	Group Policies (b)													
24.1	Federal Employees Health Benefits Program													
	premium (b)													
24.2	Credit (Group and Individual)													
24.3	Collectively Renewable Policies (b)													
24.4	Medicare Title XVIII exempt from state taxes or fees	338	338		6	10								
	Other Individual Policies:													
25.1	Non-cancelable (b)													
25.2	Guaranteed renewable (b)													
25.3	Non-renewable for stated reasons only (b)													
25.4	Other accident only													
	All other (b)													
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0								
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	338	338	0	6	10								

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products ...0 .



AININUA	IL STATEWENT F	ON THE TEAN 2009 OF	THE HEALTISPING L	ille & nealth illsurar	ice Company, inc	j.
DIRECT BUSINESS	S IN THE STATE OF	Grand Total		D	URING THE YEAR	2009
NAIC Group Code	3477	LI	IFE INSURANCE	N	IAIC Company Code	12902

INAIC	Group Code 3477			_	NAIC Compa	illy Code 12902
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance			Group	industrial	Total
2.	Annuity considerations					
3.	Deposit-type contract funds				VVV	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life ir	surance:					
6.1	Data to analy and attended to					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
	Totals (Sum of Lines 6.1 to 6.4)					
Annui						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities			<u></u>		
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
14.	All other benefits, except accident and health					
15.	Totals					
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

	(Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind.Pols. & Gr.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior										
year 17. Incurred during current year			·		†					
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims									-	
19 4 Reduction by compression			····							
18.4 Reduction by compromise 18.5 Amount rejected					+ 					
18.6 Total settlements				1						
19. Unpaid Dec. 31, current year (16+17-18.6)			V							
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior										
year21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
				Dividends Paid Or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24.	Group Policies (b)	0	0	0	0	0
24.1	Federal Employees Health Benefits Program					
	premium (b)	0	0	0	0	0
24.2	Credit (Group and Individual)	0	0	0	0	0
24.3	Collectively Renewable Policies (b)	0	0	0	0	0
24.4	Medicare Title XVIII exempt from state taxes or fees	138,200,986	138,200,986	0	58,279,298	94,716,994
	Other Individual Policies:					
25.1	Non-cancelable (b)	0	0	0	0	0
25.2	Guaranteed renewable (b)	0	0	0	0	0
25.3	Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4	Other accident only	0	0	0	0	0
25.5	All other (b)	0	0	0	0	0
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	138,200,986	138,200,986	0	58,279,298	94,716,994

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons

...0 . insured under indemnity only products

Interest Maintenance Reserve NONE

Interest Maintenance Reserve - Amortization ${\sf NONE}$

ASSET VALUATION RESERVE

		Default Component			Equity Component		
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	7 Total Amount (Cols. 3 + 6)
Reserve as of December 31, prior year	0	0	0	0	0	0	0
Realized capital gains/(losses) net of taxes - General Account			0			0	0
Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves	-		0			0	0
7. Basic contribution	. 0	0	0	0	0	0	0
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	0	0	0	0	0	0	0
9. Maximum reserve	0	0	0	0	0	0	0
10. Reserve objective	. 0	0	0	0	0	0	0
11. 20% of (Line 10 - Line 8)	. 0	0	0	0	0	0	0
12. Balance before transfers (Lines 8 + 11)	0	0	0	0	0	0	0
13. Transfers			0			0	XXX
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	0	0	0	0	0	0	0

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

	DEI AGET COMI CITETT												
			1	2	3	4	Basic (Contribution	Reserv	e Objective	Maximu	m Reserve	
							5	6	7	8	9	10	
Line				Reclassify		Balance for AVR							
Num-	NAIC		Book/Adjusted	Related Party	Add Third Party	Reserve Calculations		Amount		Amount		Amount	
ber	Designation		Carrying Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols.4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)	
		LONG-TERM BONDS											
1.		Exempt Obligations	715,998	XXX	XXX	715,998	0.0000	0	0.0000	0	0.0000	0	
2.	1	Highest Quality	0	XXX	XXX		0.0004	0	0.0023	0	0.0030	0	
3.	2	High Quality		XXX	XXX		0.0019	0	0.0058	0	0.0090	0	
4.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0	
5.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0	
6.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0	
7.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0	
8.		Total Unrated Multi-class Securities Acquired by											
		Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0	
9.		Total Bonds (Sum of Lines 1 through 8) (Page 2, Line 1,											
		Net Admitted Asset)	715,998	XXX	XXX	715,998	XXX	0	XXX	0	XXX	0	
		PREFERRED STOCK											
10.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0	
11.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0	
12.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0	
13.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0	
14.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0	
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0	
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	C	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)											
		(Page 2, Line 2.1, Net Admitted Asset)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0	
		SHORT - TERM BONDS											
18.		Exempt Obligations	2,965,187	XXX	XXX	2,965,187	0.0000	0	0.0000	0	0.0000	0	
19.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0	
20.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0	
21.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0	
22.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0	
23.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	 0	
24.	6	In or Near Default	***************************************	XXX	XXX	0	0.0000	n	0.2000	n	0.2000	0	
25.	0	Total Short - Term Bonds (Sum of lines 18 through 24)	2.965.187	XXX	XXX	2,965,187	XXX	0		0	XXX	<u> </u>	
۷۵.		Trotal Short - Term Bonds (Sull of lines to through 24)	2,900,107	^^^	^^^	2,900,107	^^^	l U	^^^	U	^^^	U	

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

	1	1 2 3 4 Basic Contribution Reserve Objective Maximum Reserve Objective Objective Maximum Reserve												
			1	2	3	4			Reserve	Objective				
Line Num- ber	NAIC Designation	Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)		
	Ĭ	DERIVATIVE INSTRUMENTS	, ,			(, , , , , , , , , , , , , , , , , , , ,		,		(
26.		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0		
27.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0		
28.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0		
29.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0		
30.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0		
31.	5	Lower Quality		XXX	XXX		0.0432	0	0.1100 L	0	0.1700	0		
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0		
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0		
34.		Total (Lines 9 + 17 + 25 + 33)	3,681,185	XXX	XXX	3,681,185	XXX	0	XXX	0	XXX	0		
35.		MORTGAGE LOANS In Good Standing: Farm Mortgages			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0		
36.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003	0	0.0006	0	0.0010	0		
37.		Residential Mortgages - All Other			XXX	0	0.0013	0	0.0030	0	0.0040	0		
38.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0		
39.		Commercial Mortgages - All Other			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0		
40.		In Good Standing With Restructured Terms			XXX	0	0.2800 (b)	0	0.6200 (b)	0	1.0000 (b)	0		
41.		Overdue, Not in Process: Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0		
42.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0		
43.		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0		
44.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005	0	0.0012	0	0.0020	0		
45.		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0		
46.		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0		
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000	0	0.0040	0	0.0040	0		
48.		Residential Mortgages - All Other			XXX	0 -	0.0000	0	0.0130	0	0.0130	0		
49.		Commercial Mortgages - Insured or Guaranteed			XXX	<u>0</u> -	0.0000	[0	0.0040	0	0.0040	0		
50.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0		
51.		Total Schedule B Mortgages (Sum of Lines 35 through 50) (Page 2, Line 3, Net Admitted Asset)	0	0	XXX	0	XXX	0	XXX	0	XXX	0		
52.		Schedule DA Mortgages			XXX	0	(c)		(c)	0	(-)	0		
53.		Total Mortgage Loans on Real Estate (Line 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	0		

⁽a) Times the company's Experience Adjustment Factor (EAF).

⁽b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

⁽c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

		,				OILD AGG						
			1	2	3	4		Contribution	Reserv	e Objective		ım Reserve
Line Num- ber	NAIC Designation	Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
ber	Designation	COMMON STOCK	Carrying value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols.4 x 5)	Factor	(GOIS. 4 X 7)	Factor	(Cols. 4 x 9)
				1007	1001		0.0000	•	0.4000 ()	•	0.4000	^
1.		Unaffiliated - Public		XXX	XXX		0.0000		0.1300 (d)	0	0.1300 (d)	0
2.		Unaffiliated - Private		XXX	XXX		0.0000	0	0.1600	0	0.1600	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
		Affiliated - Investment Subsidiary:										
5.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1300 (d)	0	0.1300 (d)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1600	0	0.1600	0
14.		Mortgage Loans				0	(c)	0	(c)	0	(c)	0
15.		Real Estate				0	(e)	0	(e)	0	(e)	0
16.		Affiliated - Certain Other (See SVO Purposes and										
		Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
18.		Total Common Stock (Sum of Lines 1 through 17)(Page 2, Line 2.2, Net Admitted Asset)	0	0	(0	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
19.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
20.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
21.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
22.		Total Real Estate (Sum of Lines 19 through 21)	0	0	(0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
25.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30.		Total with Bond characteristics (Sum of Lines 23 through 29)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

	1	T	1	2	3	OILD AGG		Contribution	Maximu	Maximum Reserve		
			1	2	3	4		Contribution 6	7	ve Objective 8	q Iviaximu	10
Line				Reclassify		Balance for AVR	9		,		3	10
Num-	NAIC		Book/Adjusted	Related Party	Add Third Party	Reserve Calculations		Amount		Amount		Amount
ber	Designation	Description	Carrying Value	Encumbrances	Encumbrances	(Cols. 1 + 2 + 3)	Factor	(Cols.4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS										
		OF PREFERRED STOCKS										
31.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
32.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
33.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
34.	4	Low Quality		XXX	XXX		0.0213	0	0.0530	0	0.0750	0
35.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
36.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
37.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38.		Total with Preferred Stock characteristics(Sum of Lines 31 through 37)	0	xxx	xxx	0	XXX	0	xxx	0	xxx	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS		7001	7000		7001		7000		7001	0
		OF MORTGAGE LOANS										
		In Good Standing:										
39.		Farm Mortgages			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41.		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43.		Commercial Mortgages - All Other			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0
44.		In Good Standing With Restructured Terms			XXX	0	0.2800 (b)	0	0.6200 (b)	0	1.0000 (b)	0
		Overdue, Not in Process:										
45.		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
46.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
47.		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
48.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
49.		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
50.		Farm Mortgages			XXX		0.0000	0	0.1700	0	0.1700	0
51.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
52.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
53.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
54.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
55.		Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54)	٥	n	xxx	١	XXX	0	XXX	_	XXX	0
		tillough 54)	U	U	^^^	U	***	U	***	U	***	U

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

						OILD AGG				01: "		Б.
			1	2	3	4	Basic (Contribution 6	Heserve	Objective	Maximu 9	m Reserve 10
Line Num- ber	NAIC Designation	Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	9 Factor	Amount (Cols. 4 x 9)
Dei	Designation	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS	Carrying value	Liteumbrances	Liteumbrances	(COIS. 1 + 2 + 3)	i acioi	(O015.4 X 3)	1 actor	(COIS. 4 X 7)	i actor	(OOIS. 4 X 9)
		OF COMMON STOCK										
56.		Unaffiliated Public		XXX	XXX		0.0000	0	0.1300 (d)	0	0.1300 (d)	0
57.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
58.		Affiliated Life with AVR		XXX	XXX		0.0000	0	0.0000	0	0.0000	0
59.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	xxx	0	0.0000	0	0.1300	0	0.1300	0
60.		Affiliated Other – All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
61.		Total with Common Stock characteristics (Sum of Lines 56 through 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62.		Home Office Property (General Account only)					0.0000	0	0.0750	0	0.0750	0
63.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
64		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
65.		Total with Real Estate Characteristics (Lines 62 through 64)	0	0	(0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66.		Guaranteed Federal Low Income Housing Tax Credit	0				0.0003	0	0.0006	0	0.0010	0
67.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
68.		State Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
69.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
70.		Total LIHTC	0	0	(0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
71.		Other Invested Assets – Schedule BA		XXX			0.0000	0	0.1300	0	0.1300	0
72.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
73.		Total All Other (Sum of Lines 71 + 72)	0	XXX	(0	XXX	0	XXX	0	XXX	0
74.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	0	0	(0	XXX	0	XXX	0	XXX	0

⁽a) Times the company's experience adjustment factor (EAF).

⁽b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

⁽c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

⁽d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

⁽e) Determined using the same factors and breakdowns used for directly owned real estate.

Asset Valuation Reserve Replications (Synthetic) Assets $N\ O\ N\ E$

Schedule F - Claims NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

						Credit								Other Individual C					
		Tota			Group Accident Accident and Health (Group and Individual) Collect		Collectively Renewable Non-Cancelable Guaranteed Renew			Non-Renewable for Stated Renewable Reasons Only Other Accident Only			nt Only	All Other					
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
		1				PAR	1 1 A	NALYSIS OF U	INDERM	RITING OPE	RATIONS		ı	I		T			
1.	Premiums written	138,200,986	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	138,200,986	XXX
2.	Premiums earned	138,200,986	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	138,200,986	XXX
3.	Incurred claims	94,716,997	68.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	c	0.0	94,716,997	68.5
4.	Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	94,716,997	68.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		0.0	94,716,997	68.5
•	,	94,710,997	0.0		0.0		0.0		0.0	۷	0.0	0			0.0				
	Increase in contract reserves		0.0					U		U	0.0	U	0.0	0	0.0		0.0		0.0
	Commissions (a)				0.0		0.0		0.0									44 700 007	0.0
	Other general insurance expenses	14,732,237	10.7		0.0		0.0		0.0		0.0		0.0		0.0		0.0	14,732,237	10.7
	Taxes, licenses and fees	132,430	0.1		0.0		0.0		0.0		0.0		0.0		0.0		0.0	, , ,	
	Total other expenses incurred	14,864,667	10.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	C	0.0	14,864,667	10.8
	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	28,619,322	20.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	c	0.0	28,619,322	20.7
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	28,619,322	20.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	C	0.0	28,619,322	20.7
	DETAILS OF WRITE-INS																		
1101.																			
1102.																			
1103.																			
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(0.0	0	0.0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(0.0	0	0.0

(a) Includes \$reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1		1					
1	2	3	4		(Other Individual Contrac	ts	
		Credit		5	6	7	8	9
		Accident and Health				Non-Renewable		
	Group Accident	(Group and	Collectively		Guaranteed	for Stated	Other Accident	
Total	and Health	Individual)	Renewable	Non-Cancelable	Renewable	Reasons Only	Only	All Other
	PART 2	RESERVES AND	LIABILITIES					
A. Premium Reserves:								
1. Unearned premiums	0							
2. Advance premiums	.0							
Reserve for rate credits	.0							
Total premium reserves, current year	.00	00	0		0	0	0	0
Total premium reserves, prior year	.00	0	0		0	0	0	0
Increase in total premium reserves	0	0	0	(0	0	0	0
B. Contract Reserves:								
1. Additional reserves (a)	0							0
Reserve for future contingent benefits	0							
3. Total contract reserves, current year	.0	0	0		0	0	0	0
4. Total contract reserves, prior year.	0	0	0		0	0	0	0
Increase in contract reserves	0	0	0	(0	0	0	0
C. Claim Reserves and Liabilities:								
1. Total current year	0	0	0	0	00	0	0	36,437,700
2. Total prior year	0							
3. Increase 36,437,7	0 0	0	0		0	0	0	36,437,700

	PART 3 TI	EST OF PRIOR YEAR'S	CLAIM RESER	IVES AND LIABILITI	IES				
Claims paid during the year:									
1.1 On claims incurred prior to current year	0								0
1.2 On claims incurred during current year	58,279,297								58,279,297
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	0								0
2.2 On claims incurred during current year	36,437,700								36,437,700
3. Test:									
3.1 Lines 1.1 and 2.1	0	0	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	0								
3.3 Line 3.1 minus Line 3.2	0	0	0	0	0	0	0	0	0 1

	PART 4 REINSURANCE								
Reinsurance Assumed: Premiums written									
Premiums earned Incurred claims									
4. Commissions									
B. Reinsurance Ceded: 1. Premiums written									
Premiums earned Incurred claims									
Commissions									

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A. Dire	pt:				
1.	Incurred Claims	13, 192, 514		81,524,483	94,716,997
2.	Beginning Claim Reserves and Liabilities				0
3.	Ending Claim Reserves and Liabilities	2,157,663		34,280,037	36,437,700
4.	Claims Paid	11,034,851	0	47,244,446	58,279,297
B. Assı	umed Reinsurance:				
5.	Incurred Claims				0
6.	Beginning Claim Reserves and Liabilities				0
7.	Ending Claim Reserves and Liabilities				0
8.	Claims Paid	0	0	0	0
C. Ced	ed Reinsurance:				
9.	Incurred Claims				0
10.	Beginning Claim Reserves and Liabilities				0
11.	Ending Claim Reserves and Liabilities				0
12.	Claims Paid	0	0	0	0
D. Net:					
13.	Incurred Claims.	13,192,514	0	81,524,483	94,716,997
14.	Beginning Claim Reserves and Liabilities	0	0	0	0
15.	Ending Claim Reserves and Liabilities	2,157,663	0	34,280,037	36,437,700
16.	Claims Paid	11,034,851	0	47,244,446	58,279,297
E. Net	Incurred Claims and Cost Containment Expenses:				
17.	Incurred Claims and Cost Containment Expenses	13,192,514		81,524,483	94,716,997
18.	Beginning Reserves and Liabilities				0
19.	Ending Reserves and Liabilities	2,157,663		34,280,037	36,437,700
20.	Paid Claims and Cost Containment Expenses	11,034,851	0	47,244,446	58,279,297

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2
NONE

Schedule S - Part 3 - Section 1 NONE

Schedule S - Part 3 - Section 2
NONE

Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

Schedule S - Part 6
NONE

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

Direct Business Only

			,			iness Only		
			1	2	3 Disability	4 Long-Term	5	6
			Life	Annuities	Income	Care		
	States, Etc.		(Group and Individual)	(Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1.	•	AL	0	0	arriadary	marriada;	0	0
			0					
2.		AK	0	0			0	0
3.	Arizona	ΑZ	0	0			0	0
4.	Arkansas	AR	0	0			0	0
5.	California	CA	0	0			0	0
6.	Colorado	СО	0	0			0	0
7.	Connecticut	СТ	0	0			0	0
8.	Delaware	DE	0	0			0	0
9.	District of Columbia	DC	0	0			0	0
10.		FL	0	0			0	0
			0	0			0	
11.	9	GA						0
12.	Hawaii		0	0			0	0
13.	ldaho	ID	0	0			0	0
14.	Illinois	IL	0	0			0	0
15.	Indiana	IN	0	0			0	0
16.	lowa	IA	0	0			0	0
17.	Kansas	KS	0	0			0	0
18.	Kentucky	KY	0	0			0	0
19.	Louisiana		0	0			0	0
20.	Maine		0	0			0	
			0	0			0	
21.	Maryland			0				0
22.	Massachusetts		0				0	0
23.	Michigan	MI	0	0			0	0
24.	Minnesota	MN	0	0			0	0
25.	Mississippi	MS	0	0			0	0
26.	Missouri	МО	0	0			0	0
27.	Montana	МТ	0	0			0	0
28.	Nebraska	NE	0	0			0	0
29.		NV	0	0			0	0
			0	0			0	0
30.	•	NH	0					
31.	•	NJ		0			0	0
32.	New Mexico		0	0			0	0
33.	New York	NY	0	0			0	0
34.	North Carolina	NC	0	0			0	0
35.	North Dakota	ND	0	0			0	0
36.	Ohio	ОН	0	0			0	0
37.	Oklahoma	OK	0	0			0	0
38.	Oregon	OR	0	0			0	0
39.	Pennsylvania		0	0			0	0
40.	Rhode Island		0	0				0
41.	South Carolina		0	0			0	0
42.	South Dakota		0	0			0	0
43.	Tennessee		0	0			0	0
44.	Texas	TX	0	0				0
45.	Utah	UT	0	0			0	0
46.	Vermont	VT	0	0			0	0
47.	Virginia	VA	0	0			0	0
48.	Washington		0	0			0	0
49.	West Virginia		0	0			0	0
50.	Wisconsin		0	0			0	0
	Wyoming		•	0			0	0
51.								
52.	American Samoa		0	0			0	0
53.	Guam		0	0			0	0
54.	Puerto Rico	PR	0	0			0	0
55.	U.S. Virgin Islands	VI	0	0			0	0
56.	Northern Mariana Islands	MP	0	0			0	0
57.	Canada	CN	0	0			0	0
58.	Aggregate Other Alien	ОТ	0	0			0	0
59.	Total		0	0	0	0	0	0
	•						<u>. </u>	<u>. </u>

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		I AILI E	COMMINICAL			IIIAIIOAC	VIIONS W		\neg			
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
NAIC					Loans, Securities, Real Estate.	Guarantees or Undertakings for	Management	(Disbursements) Incurred Under		Activity Not in the		(Payable) on Losses and/or
Company	Federal ID	Names of Insurers and Parent.	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		Ordinary Course of the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	20-1821898	HealthSpring, Inc.	Dividende	7.488.721	Other investments	7 (111110410(0)	COLVICE CONTRACTO	rigicomonio		7.975.396	15.464.117	ranon/(Liaomiy)
	76-0628370	NewQuest, LLC		, , 400, 721						371.379	371,379	
	72-1559530	HealthSpring USA, LLC								(3,027)	(3,027)	
	62-1593150	HealthSpring of Tennessee, Inc.							-	54,046,061	54,046,061	
	63-0925225	HealthSpring of Alabama, Inc.							-	3,126,599	3,126,599	
	33-1043403	Tayaa HaalthCarina Inc.							-	4.897.792	4,897,792	
	65-1129599	Texas HealthSpring, Inc.								20.885	4,697,792	
		HealthSpring of Florida					14 501 401		-	20,885		
	62-1540621	HealthSpring Management of America, LLC					14,531,491			·+	14,531,491	
	76-0657035	GulfQuest, LP					27,092		-	·	27,092	
12902	20-8534298	HealthSpring Life & Health Insurance		(= 400 =0.1)			/// 550 500			(== ,== ,==)	(00 400 000)	
		Company, Inc.		(7,488,721)			(14,558,583)			(70,435,085)	(92,482,389)	
										·		
										·		
										·		
9999999 Cor	ntrol Totals		0	0	0	0	0	C) xxx	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	<u>-</u>	Responses
1.	MARCH FILING Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
for which	owing supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the hother special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be be company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be company to the provide an explanation following the interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code will be accepted in lieu of filing a "NONE" report and a bar code wil	e printed below. If
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
13.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed by March 1?	NO
16.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

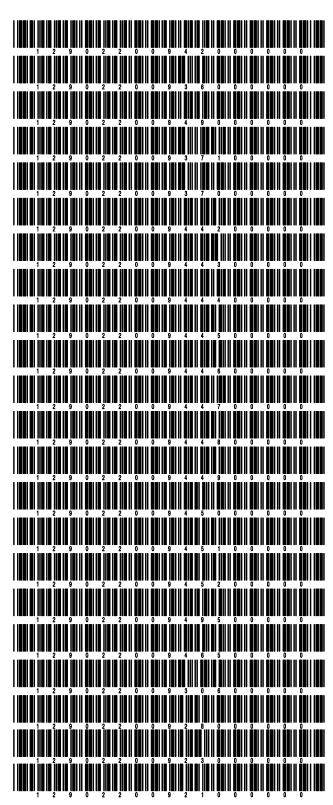
27 Will the Worker's Compensation Carve-Out Supplement be filed by March 1? Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? NO Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? 29. YES APRIL FILING
Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? 30. N0 Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? NO NO 31. 33. Will the Accident and Health Policy Experience Exhibit be filed by April 1? NΩ 11.

31. 32. 33.

Bar Codes:

13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 30.

- 11. SIS Stockholder Information Supplement [Document Identifier 420]
- 12. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 13. Trusteed Surplus Statement [Document Identifier 490]
- 14. Participating Opinion for Exhibit 5 [Document Identifier 371]
- 15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
- 16. Actuarial Opinion on X-Factors [Document Identifier 442]
- Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
- Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
- Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
- Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
- 24. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]
- 25. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]
- Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
- 27. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
- 28. Supplemental Schedule O [Document Identifier 465]
- 30. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 31. Interest-Sensitive Life Insurance Products Report Forms [Document Identifier 280]
- 32. Credit Insurance Experience Exhibit [Document Identifier 230]
- 33. Accident and Health Policy Experience Exhibit [Document Identifier 210]



OVERFLOW PAGE FOR WRITE-INS



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

| | roup Code 3477 | Individual Co | led by March 1)
overage | Group Co | | any Code 12902
5 |
|-----|-----------------------------------------------------|---------------|----------------------------|--------------|----------------|---------------------|
| | | 1
Insured | 2
Uninsured | 3
Insured | 4
Uninsured | Total Cash |
| 1. | Premiums Collected | mourou | Offinication | mourou | Omnourod | |
| | 1.1 Standard Coverage | | | | | |
| | 1.11 With Reinsurance Coverage | 137 663 445 | xxx | | XXX | 137 663 4 |
| | 1.12 Without Reinsurance Coverage | | | | | |
| | 1.13 Risk-Corridor Payment Adjustments | | | | | |
| | 1.2 Supplemental Benefits | | | | | |
| 2. | Premiums Due and Uncollected-change | | | | | |
| ۷. | 2.1 Standard Coverage | | | | | |
| | 2.11 With Reinsurance Coverage | 1 010 284 | VVV | | VVV | |
| | 2.12 Without Reinsurance Coverage | | | | | |
| | 2.2 Supplemental Benefits | | | | | |
| | | | | | | |
| 3. | Unearned Premium and Advance Premium-change | | | | | |
| | 3.1 Standard Coverage | | 2007 | | 2007 | 2007 |
| | 3.11 With Reinsurance Coverage | | | | | |
| | 3.12 Without Reinsurance Coverage | | | | | |
| | 3.2 Supplemental Benefits | | XXX | | XXX | XXX |
| | Risk-Corridor Payment Adjustments-change | | | | | |
| | 4.1 Receivable | | | | XXX | XXX |
| | 4.2 Payable | (109,928) | XXX | | XXX | XXX |
| 5. | Earned Premiums | | | | | |
| | 5.1 Standard Coverage | | | | | |
| | 5.11 With Reinsurance Coverage | | | 0 | XXX | |
| | 5.12 Without Reinsurance Coverage | | | 0 | XXX | XXX |
| | 5.13 Risk-Corridor Payment Adjustments | (16,859,219) | XXX | 0 | XXX | XXX |
| | 5.2 Supplemental Benefits | 0 | XXX | 0 | XXX | XXX |
| 6. | Total Premiums | 121,823,510 | XXX | 0 | XXX | 120,914,1 |
| 7. | Claims Paid | | | | | |
| | 7.1 Standard Coverage | | | | | |
| | 7.11 With Reinsurance Coverage | 73,186,733 | XXX | | XXX | 73 , 186 , 73 |
| | 7.12 Without Reinsurance Coverage | | XXX | | XXX | |
| | 7.2 Supplemental Benefits | | XXX | | XXX | |
| 8. | Claim Reserves and Liabilities-change | | | | | |
| | 8.1 Standard Coverage | | | | | |
| | 8.11 With Reinsurance Coverage | 8,337,749 | XXX | | XXX | xxx |
| | 8.12 Without Reinsurance Coverage | | | | | |
| | 8.2 Supplemental Benefits | | | | XXX | |
| | Health Care Receivables-change | | | | | |
| | 9.1 Standard Coverage | | | | | |
| | 9.11 With Reinsurance Coverage | | xxx | | XXX | xxx |
| | 9.12 Without Reinsurance Coverage | | | | | |
| | 9.2 Supplemental Benefits | | | | | |
| | Claims Incurred | | | | | |
| | 10.1 Standard Coverage | | | | | |
| | 10.11 With Reinsurance Coverage | 81 524 482 | xxx | 0 | XXX | XXX |
| | 10.12 Without Reinsurance Coverage | | | | XXX | |
| | 10.2 Supplemental Benefits | 0 | XXX | 0 | XXX | XXX |
| 11. | Total Claims | 81,524,482 | XXX | 0 | XXX | 73,186,7 |
| 12. | Reinsurance Coverage and Low Income Cost
Sharing | 01,324,402 | *** | 0 | ^^^ | 70,100,7 |
| | 12.1 Claims Paid - Net of Reimbursements Applied | XXX | | XXX | | |
| | 12.2 Reimbursements Received but Not Applied-change | | | | | |
| | 12.3 Reimbursements Receivable-change | | | | | |
| | 12.4 Health Care Receivables-change | | | | | |
| 13. | | | | | | |
| 14. | Expenses Paid | | | | | |
| 15. | Expenses Incurred | | | | XXX | |
| 16. | Underwriting Gain/Loss | 27,984,048 | XXX | 0 | XXX | XXX |
| 10. | Cash Flow Results | XXX | XXX | XXX | XXX | 35,412,4 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

| Analysis of Increase in Reserves During The Year | 7 |
|-----------------------------------------------------------------------------------------------------|------|
| Analysis of Operations By Lines of Business | 6 |
| Asset Valuation Reserve Default Component | 30 |
| Asset Valuation Reserve Equity | 32 |
| Asset Valuation Reserve Replications (Synthetic) Assets | 35 |
| Asset Valuation Reserve | 29 |
| Assets | 2 |
| Cash Flow | 5 |
| Exhibit 1 - Part 1 - Premiums and Annuity Considerations for Life and Accident and Health Contracts | 9 |
| Exhibit 1 - Part 2 - Dividends and Coupons Applied, Reinsurance Commissions and Expense | 10 |
| Exhibit 2 - General Expenses | 11 |
| Exhibit 3 - Taxes, Licenses and Fees (Excluding Federal Income Taxes) | |
| Exhibit 4 - Dividends or Refunds | |
| Exhibit 5 - Aggregate Reserve for Life Contracts | |
| Exhibit 5 - Interrogatories | |
| Exhibit 5A - Changes in Bases of Valuation During The Year | |
| Exhibit 6 - Aggregate Reserves for Accident and Health Contracts | |
| Exhibit 7 - Deposit-Type Contracts | |
| Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1 | |
| Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2 | |
| Exhibit of Capital Gains (Losses) | |
| Exhibit of Life Insurance | |
| Exhibit of Net Investment Income | |
| Exhibit of Nonadmitted Assets | |
| Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values | |
| Five-Year Historical Data | |
| Form for Calculating the Interest Maintenance Reserve (IMR) | |
| General Interrogatories | |
| - | |
| Jurat Page | |
| · | |
| Life Insurance (State Page) | |
| Notes To Financial Statements | |
| Overflow Page For Write-ins | |
| Schedule A - Part 1 | |
| Schedule A - Part 2 | |
| Schedule A - Part 3 | |
| Schedule A - Verification Between Years | |
| Schedule B - Part 1 | |
| Schedule B - Part 2 | |
| Schedule B - Part 3 | |
| Schedule B - Verification Between Years | |
| Schedule BA - Part 1 | |
| Schedule BA - Part 2 | |
| Schedule BA - Part 3 | E09 |
| Schedule BA - Verification Between Years | SI03 |
| Schedule D - Part 1 | E10 |
| Schedule D - Part 1A - Section 1 | SI05 |
| Schedule D - Part 1A - Section 2 | SI08 |
| Schedule D - Part 2 - Section 1 | E11 |
| Schedule D - Part 2 - Section 2 | E12 |
| Schedule D - Part 3 | E13 |
| Schedule D - Part 4 | E14 |
| Schedule D - Part 5 | |
| Schedule D - Part 6 - Section 1 | |
| Schedule D - Part 6 - Section 2 | |
| Schedule D - Summary By Country | |
| Schedule D - Verification Between Years | |
| Schedule DA - Part 1 | |
| Schedule DA - Verification Between Years | |
| | |

ANNUAL STATEMENT BLANK (Continued)

| Schedule DB - Part A - Section 1 | E18 |
|----------------------------------------------------------------------------------------------|------|
| Schedule DB - Part A - Section 2 | E18 |
| Schedule DB - Part A - Section 3 | E19 |
| Schedule DB - Part A - Verification Between Years | SI12 |
| Schedule DB - Part B - Section 1 | E19 |
| Schedule DB - Part B - Section 2 | E20 |
| Schedule DB - Part B - Section 3 | E20 |
| Schedule DB - Part B - Verification Between Years | SI12 |
| Schedule DB - Part C - Section 1 | E21 |
| Schedule DB - Part C - Section 2 | E21 |
| Schedule DB - Part C - Section 3 | E22 |
| Schedule DB - Part C - Verification Between Years | SI13 |
| Schedule DB - Part D - Section 1 | E22 |
| Schedule DB - Part D - Section 2 | E23 |
| Schedule DB - Part D - Section 3 | E23 |
| Schedule DB - Part D - Verification Between Years | SI13 |
| Schedule DB - Part E - Section 1 | E24 |
| Schedule DB - Part E - Verification Between Years | SI13 |
| Schedule DB - Part F - Section 1 | SI14 |
| Schedule DB - Part F - Section 2 | SI15 |
| Schedule E - Part 1 - Cash | E25 |
| Schedule E - Part 2 - Cash Equivalents | E26 |
| Schedule E - Part 3 - Special Deposits | E27 |
| Schedule E - Verification Between Years | SI16 |
| Schedule F | 36 |
| Schedule H - Accident and Health Exhibit - Part 1 | 37 |
| Schedule H - Part 2, Part 3 and Part 4 | 38 |
| Schedule H - Part 5 - Health Claims | 39 |
| Schedule S - Part 1 - Section 1 | 40 |
| Schedule S - Part 1 - Section 2 | 41 |
| Schedule S - Part 2 | 42 |
| Schedule S - Part 3 - Section 1 | 43 |
| Schedule S - Part 3 - Section 2 | 44 |
| Schedule S - Part 4 | 45 |
| Schedule S - Part 5 | 46 |
| Schedule S - Part 6 | 47 |
| Schedule T - Part 2 Interstate Compact | 49 |
| Schedule T - Premiums and Annuity Considerations | 48 |
| Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group | 50 |
| Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates | 51 |
| Summary Investment Schedule | SI01 |
| Summary of Operations | 4 |
| Supplemental Exhibits and Schedules Interrogatories | 52 |